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| <b>Case Number:</b>   | CM14-0162415 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 04/09/2012 |
| <b>Decision Date:</b> | 01/23/2015   | <b>UR Denial Date:</b>       | 09/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female that was injured on 4/9/12. The injured worker is currently receiving treatment for pain in her neck, lower back, bilateral shoulders and left wrist. Her current diagnoses consists of adhesive capsulitis of the left shoulder, rule out left rotator cuff syndrome and rotator cuff tear, 7mm posterolateral disc extrusion at L5-S1, per MRI dated 4/22/14, lumbosacral radiculitis on the left, cervical disc bulge at C5-C6, per MRI dated 4/22/14, right shoulder partial thickness tear at the supraspinatus tendon per MRI dated 4/22/14 and left shoulder bursal effusion and hypertrophic changes at the acromioclavicular joint, per MRI dated 4/22/14. Current treatments consist of medications and diagnostics testing. According to the most recent progress note dated 8/5/2014 the injured worker complained of persistent pain in her neck, lower back, bilateral shoulders and left wrist. She stated that her neck pain occurs frequently and radiates to both her upper extremities, left greater than the right and her lower back pain radiates to the left leg. She indicated Naproxen help her pain decrease from 8/10 to 5/10. The injured worker is noted to be taking Naproxen for pain and Prilosec to help avoid any stomach issues. She is currently not working. At this time the treating physician is requesting Keratek analgesic gel and refills on Prilosec and Naproxen. The Keratek analgesic gel is recommended to maintain the injured worker's painful symptoms, restore activity levels and aid in functional restoration. On 8/12/2/14 a UR was performed and these requests were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Keratek analgesic gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 111-113.

**Decision rationale:** The request for Keratek analgesic gel is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The submitted documentation did not indicate that the injured worker had not been responsive to or was intolerant to other treatments. Furthermore, there was no documentation regarding the failure of antidepressants and anticonvulsants. There was also no rationale indicating why the injured worker would require topical versus oral medication. For the aforementioned reasons, the request is not medically necessary.

**Naprosyn Sodium (Naproxen) 550 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Naprosyn Sodium (Naproxen) 550 mg, sixty count is not medically necessary. The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in injured workers with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. Guidelines do not recommend long term use of NSAIDs. The patient was noted to be taking Naproxen since at least 06/2014, which surpassed the recommended use of medication. Although there is documentation of efficacy of the requested medication, there was no indication that the injured worker was diagnosed with osteoarthritis, and no documentation of failure of use of acetaminophen prior to use of the requested medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Prilosec (Omeprazole 20 mg), sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Prilosec (Omeprazole 20 mg), sixty count is not medically necessary. The treating physician indicated the injured worker develops medication induced gastritis symptoms; however, there is a lack of clinical documentation that the injured worker was at risk for, or had a history of, a gastrointestinal event reported by the injured worker. There is also lack of documentation of gastrointestinal upset. Additionally, there is no indication that the injured worker is on concurrent use of ASA, corticosteroid, and/or anticoagulants and high dose/multiple NSAIDs. Furthermore, there was no evidence of risk factor or cardiovascular disease. Given the above information, the request is not supported by the guidelines. As such, the request for Prilosec (Omeprazole 20 mg), sixty count is not medically necessary.