

<b>Case Number:</b>	CM14-0177014		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 39 year old male with an injury date of 08/23/13. Based on the progress report dated 10/01/14, the patient complains of continuous neck and left shoulder pain rated at pain level 4. Physical examination revealed bilateral shoulder abduction at 90-100 and neck flexion and extension at 40-50% along with PSM spasms. Apart from medications, the patient is also using TENS unit and home exercises to manage the pain, as per the same progress report. The patient received trigger point injection which was very helpful, as per progress report dated 07/14/14. The patient completed 15 sessions of chiropractic treatment and some acupuncture as well, according to progress report dated 05/28/14. The patient was allowed to return to modified work, as per progress report dated 10/01/14. MRI of the Cervical Spine, 05/16/14- Mild disc desiccation - Paracentral annular bulging at C3-C4- Loss of lordosis and mild reversal of curvature between C2 and C6MRI of the Left Shoulder, 12/19/13- Mild subscapularis, supraspinatus and infraspinatus tendinosis- Tiny interstitial tear along the glenoid attachment of the long biceps tendon- Mild acromioclavicular arthrosisDiagnoses, 10/01/14- Cervical radiculopathy- hx elevated LFT- Shoulder, joint pain tendonosis- Numbness and tingling- Myofascial pain- Left shoulder tendinosis / possible tear- Cervical degenerative disc diseaseThe treating physician is requesting for (a) FUNCTIONAL CAPACITY EVALUATION (b) MENTHODERM 120 gm (c) OMEPRAZOLE 20 mg # 60. The utilization review determination being challenged is dated 10/02/14. The rationale follows:(a) FUNCTIONAL CAPACITY EVALUATION - "There was no significant evidence of conflicting medical reports regarding the patient's status or abilities and there were no unsuccessful return to work attempts."(b) MENTHODERM 120 gm - "The requested medication contains menthol, which is not supported

in the guidelines as a topical medication."(c) OMEPRAZOLE 20 mg # 60 - The request is certified. Treatment reports were provided from 12/19/13 - 12/05/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

**Decision rationale:** The patient presents with continuous neck and left shoulder pain rated at pain level 4, as per progress report dated 10/01/14. The request is for FUNCTIONAL CAPACITY EVALUATION. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." As per progress report dated 10/01/14, the patient is allowed to return to modified work with "no repetitive or above L shoulder work." The treater is requesting FCE to "objectively eval restrictions." In the UR Appeal letter dated 09/22/14, the treater states that "it is crucial at this point in time that a Functional Capacity Evaluation to be administered, in order to determine and or include to the work modification restrictions." The treater also states that the "FCE's primary purpose is to evaluate a person's ability to participate in work, although other instrumental activities of daily living that support work performance may also be evaluated." However, the ACOEM guidelines state that FCE does not predict a patient's ability to perform in the workplace. Additionally, the progress reports do not mention a request from the employer or claims administrator. Recommendation is for denial.

**Menthoderm 120 gm, # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Medications for chronic pain Page(s): 111, 113; 60, 61.

**Decision rationale:** The patient presents with continuous neck and left shoulder pain rated at pain level 4, as per progress report dated 10/01/14. The request is for Menthoderm 120 gm.Menthoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS

page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the patient presents with left shoulder pain. MRI of the left shoulder, dated 12/19/13, has indicated mild subscapularis, supraspinatus and infraspinatus tendinosis. The treating physician changed the Lidopro cream prescription to Methoderm on 08/22/14. The patient has been using the Methoderm gel since then. In progress report dated 10/01/14, the treating physician says "Medications help with pain over 60% and keep his pain under control and function." However, the treating physician does not discuss specific impact of Methoderm gel on pain and function. Topical NSAIDs are not indicated for spinal or other major joint conditions such as shoulder and hips. Additionally, MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Recommendation is not medically necessary.

**Omeprazole 20 mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** The patient presents with continuous neck and left shoulder pain rated at pain level 4, as per progress report dated 10/01/14. The request is for Omeprazole 20 mg # 60. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient has been taking NSAIDs such as Naproxen and Fenoprofen, at least since progress report dated 05/09/14. He has also been using Omeprazole since the same progress report. However, the medication was substituted with Prolisec in progress reports dated 07/22/14, 08/22/14 and 08/29/14. The treating physician again prescribed Omeprazole on 09/22/14 and 10/01/14. In progress report dated 05/28/14, the treating physician states that the patient finds "stomach upset controlled with use of omeprazole." In the UR Appeal letter, the treating physician states that "the patient's gastric symptoms have improved with the medication Omeprazole." Since MTUS guidelines allow for the use of medication to treat gastric problems secondary to NSAID use, as clearly documented by the treating physician, recommendation is medically necessary.