

<b>Case Number:</b>	CM14-0183528		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/10/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Orthopedic note dated 3/27/14 reports pain in shoulder with non-operable rotator cuff tear. Plan of care was for injection to the shoulder. A note dated 4/22/14 note reports pain in the right shoulder. Examination noted reduced range of motion with pain associated with range of motion (ROM). There was 4/5 strength in the right supraspinatus. Assessment was lumbar strain, right rotator cuff tear, and cervical spine sprain. A note dated 8/28/14 reveals a magnetic resonance imaging (MRI) reports rotator cuff tear of full- thickness type. There is subscapularis and infraspinatus tendinosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Enova-RX ibuprofen 10% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) notes topical non-steroidal anti-inflammatory drugs (NSAIDS) and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka,

2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of ibuprofen orally and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines.

**Protonix 20 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 68.

**Decision rationale:** California MTUS guidelines support use of Proton-pump inhibitors (PPIs) if the insured has a history of documented GI related distress, gastroesophageal reflux disease (GERD) or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for omeprazole in the insured.