

<b>Case Number:</b>	CM14-0194647		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 36-year-old female, with a reported date of injury of 09/07/2012. The result of the injury was neck pain, right shoulder pain, and depression. The current diagnoses include disorders of the bursae and tendons in the shoulder region, and neck pain. The past diagnoses include disorders of the bursae and tendons in the shoulder region, and neck pain. Treatments have included an MRI of the cervical spine and right shoulder, which was negative for central spinal canal or neural foramina narrowing and showed a rotator cuff tendinosis without tears or any degrees of significant impingement; acupuncture for the right shoulder, pain medications, and depression medication. The acupuncture and MRI report was not included in the medical records provided for review. The medical report dated 10/13/2014 indicates that the injured worker complained of more pain in the neck, upper back, right shoulder, right elbow, and right hand with radiation to the right arm. The pain was associated with tingling and numbness in the right arm and right hand, as well as weakness in the right arm. The pain was constant in frequency and severe in intensity. She rated the severity of the pain a 9 out of 10, 7 out of 10 at its best, and 10 out of 10 at its worst. The injured worker complained of being depressed on most days, cries often, and feels hopeless and helpless. She experienced isolation, lack of communication, inability to work, and financial burden. The physical examination showed normal alignment of the cervical spine; tenderness to palpation over the right paraspinal muscles, superior trapezius and cervical facets; no spinous process tenderness or masses; tenderness to palpation over the lateral/posterior aspect of the right shoulder; full range of motion of the lumbar spine; upper extremities were grossly intact to light touch and pinprick.

The treating physician requested the trazodone, omeprazole, and menthoderm ointment for refill. On 11/10/2014, Utilization Review (UR) denied the retrospective request for Menthoderm ointment 120gm 240 ml, Trazodone 50mg #60, and Omeprazole 20mg #60 (date of service: 09/11/2014). The UR physician noted that there was no documentation of the injured worker having tried and failed first-line therapy of antidepressants and anticonvulsants, and no documentation of the injured worker's intolerance of these medications. The UR physician also noted that there was limited evidence to support the use of Trazodone for insomnia, and no documentation of gastrointestinal distress symptoms. The Chronic Pain Guidelines and Official Disability Guidelines were cited.

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

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

#### **Retrospective request for Menthoderm ointment 120gm 240ml (DOS: 9/11/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Menthoderm ointment 120 g/240 ML's date of service September 11, 2014 is not medically necessary. Menthoderm contains menthol and methyl salicylate. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo overall but larger, more valid studies were without significant benefit. In this case, the injured workers working diagnoses are cervical; and disorders of bursa and tendons in shoulder region unspecified. There is no diagnosis of insomnia. Subjectively, the injured worker complains of more pain in the neck, upper back, right shoulder, right elbow and right hand with radiation to the right arm. Objectively, the injured worker ambulates with an assistive device. There is tenderness to palpation over the cervical paraspinal muscles, superior trapezius and cervical facets. There is tenderness over the right shoulder. Motor strength is 5/5 in all major groups. Menthoderm ointment has been used/prescribed to the injured worker since April 15, 2014. There is no documentation indicating objective functional improvement with the use of Menthoderm. Additionally, larger more valid studies with methyl salicylate are without significant benefit. Consequently, absent clinical documentation to support the use of Menthoderm ointment with objective functional improvement, retrospective Menthoderm ointment 120 g/240 MLs date of service September 11, 2014 is not medically necessary.

#### **Retrospective request for Trazodone 50mg QTY: 60 (DOS: 9/11/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Trazodone

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress section, Trazodone

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective Trazodone 50 mg #60 date of service September 11, 2014 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was also used successfully in patients with fibromyalgia. In this case, the injured worker's working diagnoses are cervical; and disorders of bursa and tendons in shoulder region unspecified. There is no diagnosis of insomnia. Subjectively, the injured worker complains of more pain in the neck, upper back, right shoulder, right elbow and right hand with radiation to the right arm. Objectively, the injured worker ambulates with an assistive device. There is tenderness to palpation over the cervical paraspinal muscles, superior trapezius and cervical facets. There is tenderness over the right shoulder. Motor strength is 5/5 in all major groups. Trazodone was prescribed as far back as July 9, 2014 for sleep problems. Medical record does not indicate objective functional improvement with use of trazodone. Additionally, sleep issues were not addressed in the medical record. Consequently, absent clinical documentation to support the ongoing use of trazodone with objective functional improvement, retrospective trazodone 50 mg #60 date of service September 11, 2014 is not medically necessary.

**Retrospective request for Omeprazole 20mg QTY: 60 (DOS: 9/11/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, proton pump inhibitors

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Omeprazole 20 mg #60 date of service September 11, 2014 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain he is patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical; and disorders of bursa and tendons in shoulder region unspecified. There is no diagnosis of insomnia. Subjectively, the injured worker complains of more pain in the neck, upper back, right shoulder, right elbow and right hand with radiation to the right arm. Objectively, the injured worker ambulates with an assistive device. There is tenderness to palpation over the cervical paraspinal muscles, superior trapezius and cervical facets. There is

tenderness over the right shoulder. Motor strength is 5/5 in all major groups. The documentation does not contain covert conditions or past medical history referencing risk factors for gastrointestinal events. Specifically, there was no history of peptic ulcer, GI bleeding, concurrent use of aspirin, etc. consequently, absent clinical documentation to support the use of omeprazole with risk factors for gastrointestinal events, retrospective Omeprazole 20 mg #60 date of service September 11, 2014 is not medically necessary.