

Case Number:	CM15-0103953		
Date Assigned:	06/08/2015	Date of Injury:	01/17/2012
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 42 year old male who sustained an industrial injury on 01/17/2012. Mechanism of injury occurred when he was lifting a heavy clamp bar to fix an air break pump. He felt something pull and pop in his left shoulder. Diagnoses include bursitis of the shoulder, shoulder joint pain, shoulder joint painful on movement, and sprain of unspecified site of shoulder and upper arm. Treatment to date has included diagnostic studies; status post left shoulder surgery on 01/17/2013, chiropractic sessions, physical therapy, and medications. It is documented in a physician note that a Magnetic Resonance Imaging of the left shoulder done in September 4, 2013 showed a rotator cuff tear. A physician progress note dated 04/09/2015 documents the injured worker complains of chronic left shoulder pain. He rates his pain as 10 out of 10, and he describes it as a burning sensation. On examination there is left shoulder pain on palpation and passive range of motion. There is limited range of motion. The treatment plan is for an orthopedic surgeon evaluation of his left shoulder pain, and a return visit in 4 weeks for medication management. The injured worker is working full time. Treatment requested is for Anti-Inflammatory Cream (medication name and dosage unspecified), Naproxen 550mg QTY: 120, and Pantoprazole 20mg QTY: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anti-Inflammatory Cream (medication name and dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: MTUS notes topical 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 oral NSAID 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. Therefore the request is not medically necessary.

Naproxen 550mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 70-73.

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID and does not demonstrate previous failure of trial of acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of naproxen for the insured as there is no indication of objective benefit in function or previous trial and failure with acetaminophen. Therefore the request is not medically necessary.

Pantoprazole 20mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, 10th Edition, 2012, Pain (Chronic), Proton pump inhibitors.

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, 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 the request for pantoprazole in the insured. Therefore it is not medically necessary.