

<b>Case Number:</b>	CM15-0130124		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/09/2007
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 61-year-old female, who sustained an industrial injury on June 9, 2007. She reported experiencing pain and swelling in her right middle finger when the finger became caught in a bag of linen as she was throwing it away. The injured worker was diagnosed as having status post A/S left shoulder surgery, status post left shoulder manipulation in 2007, status post right shoulder open surgery in 2007, exacerbation of right middle finger digit pain, right elbow medial/lateral epicondylitis, right wrist pain, and gastrointestinal (GI) upset with pain medications. Treatments and evaluations to date have included bilateral shoulder surgeries, physical therapy, x-rays, MRI, and medication. Currently, the injured worker complains of bilateral shoulder pain radiating down the bilateral upper extremities and to the scapula. The Primary Treating Physician's report dated June 19, 2015, noted the injured worker rated the bilateral shoulder pain as 5/10. The injured worker was noted to have no functional change since the previous examination. The physical examination was noted to show the injured worker with an antalgic gait with no change in the physical examination since the previous visit on February 10, 2015. The injured worker's work status was noted to return to full duty on June 19, 2015. A urine drug test was requested and the injured worker was prescribed Naproxen, Prilosec, and Flurbiprofen, Menthol, Capsaicin, and Camphor (FMCC) cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs), Naproxen Page(s): 66-69.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The injured worker was noted to have gastrointestinal (GI) upset with her pain medications. The injured worker was noted to have been on a NSAID in 2008 with notation of gastritis with burning abdominal pain. The documentation provided noted there was no change in the injured worker's functional status since the last examination, and did not include documentation of objective, measurable improvement in the injured worker's pain, function, or the ability to perform activities of daily living (ADLs) such as bathing, dressing, etc. with the use of the Naproxen. The injured worker was noted to have no change in her physical examination and there was no documentation of osteoarthritis or back pain, nor was there documentation of the length of the current NSAID treatment. Based on the MTUS guidelines, the documentation provided did not support the request for Naproxen 550mg #60 with 3 refills. The requested medication is not medically necessary.

**Prilosec 20mg #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS guidelines noted that co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). The guidelines are specific re: the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history (which could include many other GI issues). The injured worker was noted to have gastritis with burning abdominal pain while on Ibuprofen and Vicodin in 2008, and was noted to have gastrointestinal (GI) upset with pain medications in the June 19, 2015, physician's report. There was no documentation provided that indicated the injured worker had a history of a peptic ulcer or gastrointestinal (GI) bleed, nor was she at

intermediate or high risk for a gastrointestinal (GI) event. As the injured worker's Naproxen is not medically necessary, the continued use of the Prilosec is also no longer necessary. Therefore based on the MTUS guidelines, the request for Prilosec 20mg #30 with 3 refills is not medically necessary.

**Flurbi/Cap/Camp/Menthol cream with 3 refills:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compound medication contains Flurbiprofen, a non-steroid anti-inflammatory drug (NSAID), indicated for use for osteoarthritis and tendinitis, particularly in the knee, elbow, or other joints that are amenable to topical treatment, not recommended for neuropathic pain. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). The Official Disability Guidelines (ODG) notes that currently the only available FDA-approved topical NSAID is diclofenac. The guidelines note that Capsaicin is only recommended when other, conventional treatments have failed. A new alert from the FDA warns that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The MTUS and Official ODG do not discuss the use of Camphor in topical analgesics. Flurbiprofen is not FDA approved for topical application, therefore the compound is not recommended. Therefore, based on the guidelines, the request for Flurbi/Cap/Camp/Menthol cream with 3 refills is not medically necessary.

**Urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that drug testing is recommended as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs, and for the occurrence of any potentially aberrant or non-adherent drug related behaviors. The injured worker was not noted to be on any opioid treatment, nor have high risks or aberrant behavior documented. The documentation provided did not include any previous urine drug screens, and the June 19, 2015, physician's report noted that urine drug screen results were not applicable. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for a urine drug test. The request is not medically necessary.