

Case Number:	CM15-0192031		
Date Assigned:	10/06/2015	Date of Injury:	06/05/2015
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 6-5-2015. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for right shoulder rotator cuff syndrome, radiculopathy and gird. Medical records dated 8-19-2015 indicate the injured worker complains of right shoulder pain radiating to the right arm. She rates the pain 3 out of 10 with medication and 7 out of 10 without medication. Physical exam dated 8-19-2015 notes right shoulder decreased range of motion (ROM). Treatment to date has included Mobic, physical therapy, Soma, home exercise program (HEP) and X-rays. The original utilization review dated 9-23-2015 indicates the request for Naproxen 550mg #60, omeprazole 20mg, #60 and Lidopro cream 121mg #1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 09/04/15 progress report provided by treating physician, the patient presents with right shoulder pain. The request is for Naproxen 550MG #60. RFA dated 09/10/15 was provided. Patient's diagnosis on 09/04/15 includes shoulder strain. Physical examination to the right shoulder on 09/04/15 revealed diffuse mild tenderness over the deltoid, trapezius, clavicle and scapula. Pain with passive range of motion. Treatment to date has included imaging studies, physical therapy, home exercise program and medications. Patient's medications include Soma, and Mobic. The patient may work modified duty, per Work Status form dated 09/10/15. Progress reports were handwritten and difficult to interpret. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient's medications per progress report dated 09/17/15. It is not known when this medication was initiated. The patient has been prescribed Diclofenac in previous progress reports. Per 09/10/15 report, the patient's pain is rated 8/10 and he is "back to work with meds." Per 09/17/15 report, the patient is unable to tolerate modified duty, causes flare up, and complains of dizziness with Naproxen, thus treater has changed prescription to Diclofenac. Treater has not provided medical rationale for the request. Given the patient's continued pain, the Naproxen would appear to be indicated. However, this medication is documented to cause dizziness, for which continuation cannot be warranted due to side effect. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 09/04/15 progress report provided by treating physician, the patient presents with right shoulder pain. The request is for Omeprazole 20MG #60. RFA dated 09/10/15 was provided. Patient's diagnosis on 09/04/15 includes shoulder strain. Physical examination to the right shoulder on 09/04/15 revealed diffuse mild tenderness over the deltoid, trapezius, clavicle and scapula. Pain with passive range of motion. Treatment to date has included imaging studies, physical therapy, home exercise program and medications. Patient's medications include Soma, and Mobic. The patient may work modified duty, per Work Status form dated 09/10/15. Progress reports were handwritten and difficult to interpret. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk

factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not provided medical rationale for the request. It appears this medication is being initiated, given no mention of Omeprazole in provided progress reports. Per 07/17/15 report, the patient has history of GERD. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

Lidopro cream 121mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 09/04/15 progress report provided by treating physician, the patient presents with right shoulder pain. The request is for Lidopro cream 121MG #1. RFA dated 09/10/15 was provided. Patient's diagnosis on 09/04/15 includes shoulder strain. Physical examination to the right shoulder on 09/04/15 revealed diffuse mild tenderness over the deltoid, trapezius, clavicle and scapula. Pain with passive range of motion. Treatment to date has included imaging studies, physical therapy, home exercise program and medications. Patient's medications include Soma, and Mobic. The patient may work modified duty, per Work Status form dated 09/10/15. Progress reports were handwritten and difficult to interpret. MTUS Chronic Pain Guidelines 2009, p111 and Topical Analgesics section, state: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, treater has not provided reason for the request, nor discussed where this topical is applied and with what efficacy. Nonetheless, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.