

Case Number:	CM15-0209625		
Date Assigned:	10/28/2015	Date of Injury:	07/31/2014
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old female worker who sustained an industrial injury on July 31, 2014. The worker is being treated for: chronic cervical strain, bilateral carpal tunnel syndrome, bilateral shoulder cuff syndrome, rule out tear, and rotator cuff tendinopathy with mild impingement as well as mild bicipital tendinopathy. Subjective: August 17, 2015 reported complaint of persistent neck pain radiating to shoulders rated a "7" intensity level. He also is with complaint of bilateral hand pain. September 14, 2015 reported complaint of bilateral shoulder, arm and hand pain. The pain is rated a "7" intensity level out of 10 and it is occurring frequent. She reports taking three capsules of Prilosec and three tables of Naprosyn daily. The pain is made better with rest and medication, and noted worse with weather and activities. Objective: August 17, 2015 noted cervical spine with decreased range of motion; tenderness to the paraspinal and hypertonicity bilaterally. In addition, a positive Spurling's test noted. September 14, 2015 noted wrists revealed tenderness in the carpal tunnel region; decreased sensation in the median nerve root distributions and there was good range of motion. The shoulders noted tenderness laterally in the subacromial space; left shoulder revealed forward flexion and abduction at 140 degrees and internal and external rotation at 70 degrees. Both Hawkin's and Neer's positive; subacromial space was tender. Medication: August 17, 2015 administered Lidocaine injection with dexamethasone to left shoulder. There is also note of request for diclofenac and Lidocaine cream and prescription for Naprosyn and Prilosec. September 14, 2015: requesting topical compound cream. Diagnostic: EMG NCS, MRI. Treatment: September 14, 2015 initiating physical therapy for left shoulder, activity

modification, medication, physical therapy session treating shoulders. On September 25, 2015 a request was made Prilosec 20mg #60, and compound cream containing 180GM Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, and Menthol 4% which were both noncertified by Utilization Review on October 06, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on oral and topical NSAIDS which can compound GI symptoms. Long-term use of NSAIDS or PPIs is not indicated. Therefore, the continued use of Prilosec is not medically necessary.

Compound: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Methol 4%, 180gm: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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 muscle topical Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In addition the claimant had been on oral NSAIDS and had GI symptoms due to them. Since the

compound above contains these topical medications, the Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Methol 4% is not medically necessary.