

Case Number:	CM15-0217805		
Date Assigned:	11/09/2015	Date of Injury:	10/15/2007
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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 undergoing treatment for left recurrent rotator cuff tear, right rotator cuff impingement, bursitis, tendinosis and osteoarthritis, cervical strain and anxiety. Medical records dated 5-20-2015 and 6-29-2015 indicate the injured worker complains of bilateral shoulder pain and arm weakness. Physical exam dated 6-29-2015 notes cervical tenderness to palpation with spasm, and decreased range of motion (ROM) and upper extremity decreased range of motion (ROM). Treatment to date has included surgery, Tramadol, Norco and magnetic resonance imaging (MRI). The original utilization review dated 10-27-2015 indicates the request for Compound- Ketoprofen/Cyclobenzaprine plain 20%/2% gel, #120 and Pantoprazole Sodium 20mg, #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound- Ketoprofen/Cyclobenzaprine plain 20%/2% gel, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The patient was injured on 10/15/07 and presents with pain in her bilateral shoulders and weakness in her bilateral arms. The request is for COMPOUND-KETOPROFEN/ CYCLOBENZAPRINE PLAIN 20%/2% GEL, #120. There is no RFA provided and the patient's current work status is not provided. MTUS Guidelines, Topical Analgesics Section, page 111 states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. The patient is diagnosed with for left recurrent rotator cuff tear, right rotator cuff impingement, bursitis, tendinosis and osteoarthritis, cervical strain and anxiety. 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 consists of Cyclobenzaprine and Ketoprofen, neither of which are indicated for use as a topical formulation. Therefore, the requested compounded topical IS NOT medically necessary.

Pantoprazole Sodium 20mg, #60: Upheld

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: The patient was injured on 10/15/07 and presents with pain in her bilateral shoulders and weakness in her bilateral arms. The request is for PANTOPRAZOLE SODIUM 20 MG, #60. There is no RFA provided and the patient's current work status is not provided. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with for left recurrent rotator cuff tear, right rotator cuff impingement, bursitis, tendinosis and osteoarthritis, cervical strain and anxiety. The most recent treatment report provided, 06/29/15, indicates that she is taking Hydrochlorothiazide, Captopril, Pravastatin, Ranitidine, and Aspirin. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Pantoprazole IS NOT medically necessary.