

<b>Case Number:</b>	CM15-0058687		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 57 year old male, who sustained an industrial injury on 08/27/2013. Treatment to date has included electrodiagnostic studies, MRA of the left shoulder, MRI of the neck, therapy, TENS unit, hot/cold wrap and medications. Diagnoses include: 1. Left shoulder impingement, rotator cuff strain and bicipital tendinitis status post arthroscopy with rotator cuff repair in 11/2013 and adhesive capsulitis release in 04/2014 with persistent symptomatology and frozen shoulder. He was status post five injections to the shoulder. 2. Element of ulnar neuritis on the left, nerve studies are done but not available. 3. Radicular symptoms from the neck with numbness and tingling. 4. Chronic pain syndrome, stress and sexual dysfunction secondary to pain. He also reported sleep disorder, hypertension and a 30 pound weight gain. Treatment plan included Nalfon, Protonix, LidoPro cream, Flexeril, Tramadol ER, Effexor, and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 MG #60 LidoPro Cream 1 Bottle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69, Topical Analgesics, page(s) 111-113.

**Decision rationale:** Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper-secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Protonix. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Protonix 20 MG #60 LidoPro Cream 1 Bottle is not medically necessary and appropriate.