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| <b>Case Number:</b>   | CM14-0142028 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 11/08/2010 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy; earlier shoulder surgery on December 10, 2011; a TENS unit; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 25, 2014, the claims administrator partially certified a request for omeprazole, Naprosyn, and Lidoderm while approving a request for Norco outright. The claims administrator stated that the partial certifications for Naprosyn and Lidoderm were intended for weaning purposes. The applicant's attorney subsequently appealed. In an August 18, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant reported that his pain was exacerbated by cold weather. The applicant was apparently working, it was acknowledged. The applicant was using Norco, Naprosyn, tizanidine, and Lidoderm patches. The applicant was permanent and stationary, it was stated. Relatively well-preserved shoulder and neck range of motion were noted with 5/5 upper extremity strength also appreciated. The applicant was returned to full-time regular duty work while Naprosyn and Norco were renewed. The applicant was asked to continue the TENS unit. Lidoderm and omeprazole were also endorsed. There was no explicit mention of any symptoms of reflux, heartburn, or dyspepsia present here. On June 16, 2014, the applicant was again returned to regular duty work. It was stated that the applicant was 55 years of age as of that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 1 Tab P.O. BID #60 x3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress note on file made no explicit mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would support provision of the same. Accordingly, the request is not medically necessary.

**Naproxen 550 mg 1 Tab P.O. BID PRN #60 x3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Recommendations; NSAIDs, Specific Drug List Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic shoulder pain present here, in this case, the applicant has responded favorably to ongoing usage of Naprosyn as evinced by the applicant's already successful return to regular duty work and as evinced by the applicant's reports of appropriate analgesia derived as a result of ongoing Naprosyn usage. Therefore, the request is medically necessary.

**Lidoderm 550mg 1 Tab P.O. BID PRN #60 x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine or Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's pain appears to be orthopedic/mechanical in nature, associated with residuals of an operated-upon shoulder rotator cuff tear. There is no evidence that the applicant has neuropathic pain or neuropathic symptoms characterized by burning pain, numbness, tingling, paresthesias, etc.

Furthermore, there is no evidence that the applicant had tried and/or failed antidepressant or anticonvulsant medications before Lidoderm patches were selected. Accordingly, the request is not medically necessary.