

<b>Case Number:</b>	CM14-0149870		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Physical Medicine & rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 04/12/12. Based on the 08/25/14 progress report provided by [REDACTED] the patient complains of bilateral shoulder and ankle pain. Physical examination reveals decreased range of motion to left shoulder on flexion and abduction, with a positive impingement sign. Bilateral ankles and plantar aspect of feet are tender to palpation. There is effusion in the right ankle, more than the left. There is mention on progress report dated 06/04/14 that patient is status post surgery unspecified, and subsequent physical exams state that "right elbow shows no indication of infection or drainage and the incision has healed well." Patient continues to take his medications for pain, that allow him to function and do activities of daily living in a more manageable way. Patient is on temporary total disability for 6 weeks per progress report dated 08/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30 times 2 refills:** 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 & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient complains of bilateral shoulder and ankle pain. The request is for OMEPRAZOLE DR 20MG ONE (1) QD #30 X 2 REFILLS. It appears patient had surgical procedure to the left elbow, based on physical examination findings. Patient diagnosis includes biceps tendon rupture and postsurgical status, not elsewhere classified. Per progress report dated 08/25/14, patient continues to take his medications for pain, that allow him to function and do activities of daily living in a more manageable way. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk, : Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Patient has been treated with Naproxen sodium, however there is no mention of dyspepsia secondary to NSAID therapy in review of reports. Furthermore, the provider does not provide GI risk assessment for prophylactic use of PPI as required by MTUS. The request is not medically necessary.

**Hydrocodone-APAP (NORCO) 10/325 #120 times 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89.

**Decision rationale:** It appears patient had surgical procedure to the left elbow, based on physical examination findings. Patient diagnosis includes biceps tendon rupture and postsurgical status, not elsewhere classified. Per progress report dated 08/25/14, patient continues to take his medications for pain, that allow him to function and do activities of daily living in a more manageable way. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides a general statement that patient takes medications for pain and undergo activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, The request is not medically necessary.

**Capsaicin 0.025mg cream bid times 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

**Decision rationale:** It appears patient had surgical procedure to the left elbow, based on physical examination findings. Patient diagnosis includes biceps tendon rupture and postsurgical status, not elsewhere classified. Per progress report dated 08/25/14, patient continues to take his medications for pain, that allow him to function and do activities of daily living in a more manageable way. The MTUS has the following regarding topical creams (p111, chronic pain section): Topical Analgesics: These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Capsaicin, topical (MTUS p29) Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain,... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis). Requested cream is used for pain and allows patient to function in a more manageable way. It has been prescribed in the recommended dosage. The request is medically necessary.

**Naproxen sodium 550mg two (2) #60 x 2 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

**Decision rationale:** It appears patient had surgical procedure to the left elbow, based on physical examination findings. Patient diagnosis includes biceps tendon rupture and postsurgical status, not elsewhere classified. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 08/25/14, patient continues to take his medications for pain, that allow him to function and do activities of daily living in a more manageable way. Per progress report dated 08/25/14, patient finds relief from pain by using requested NSAID included in his list of medications. The request is medically necessary.