

<b>Case Number:</b>	CM14-0193671		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 29-year-old male with date of injury of 08/23/2010. The listed diagnoses from 10/20/2014 are: 1. Fracture of the clavicle, unspecified, closed. 2. Status post surgical. 3. Cervical degenerative disk disease. 4. Headache. 5. Poor coping/sleep issues. 6. Myofascial pain. According to this report, the patient complains of chronic neck and right shoulder pain. He rates his pain 7/10. He uses a cervical traction unit, TENS, self TPT and chiropractic treatments with some benefit. Medications help with pain about 40% to 50% which maintains his activities of daily living and functionality. The examination shows tenderness to palpation, decreased range of motion in the right shoulder, tenderness to palpation in the right trap and cervical paraspinal muscles. Paraspinal muscle spasms were noted. No other findings were noted on this report. The documents include an AME report from 09/26/2014, psychiatric therapy reports from 04/02/2014 to 10/22/2014, FCE report from 03/05/2014, chiropractic therapy report from 10/23/2013 and progress reports from 01/10/2014 to 11/19/2014. The utilization review denied the request on 11/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac ER 100mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

**Decision rationale:** This patient presents with neck and right shoulder pain. The treater is requesting DICLOFENAC ER 100 MG. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed diclofenac on 09/22/2014. The 10/03/2014 report shows that the patient continues to complain of neck and right shoulder pain at a rate of 10/10. He states that medications help with pain about 40% to 50% and maintains his ADLs and functionality. Given that the MTUS Guidelines supports the use of anti-inflammatory medications as first-line treatment to reduce pain and inflammation, the request IS medically necessary.

**Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

**Decision rationale:** This patient presents with neck and right shoulder pain. The treater is requesting OMEPRAZOLE 20 MG. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed omeprazole on 01/10/2014. It appears that the treater is requesting omeprazole in conjunction with the patient's antiinflammatory medications but MTUS Guidelines do not support the routine use of PPIs without any discussions of gastrointestinal events or GI risk assessment. There is no documentation found in the records provided to indicate that the patient is suffering with dyspepsia. The request IS NOT medically necessary.

**Terocin cream (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** This patient presents with neck and right shoulder pain. The treater is requesting TEROGIN CREAM (QUANTITY UNSPECIFIED). The MTUS Guidelines page 112 on topical lidocaine states that it is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch "Lidoderm" has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic nephropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. In this case, MTUS does not support the use of lidocaine in other formulations other than a dermal patch. The request IS NOT medically necessary.