

Case Number:	CM14-0211384		
Date Assigned:	12/24/2014	Date of Injury:	06/02/2011
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 man with a date of injury of 6/2/11. He was seen by his secondary treating physician on 8/25/14 with complaint of right shoulder pain and dysfunction. He is status post two arthroscopic surgeries in the past with residual pain and returned after obtaining an MR arthrogram. His exam showed a normal gait. He had normal range of motion of the lumbar and cervical spine. His strength in his upper and lower extremities was normal except 4/5 strength in the right deltoid and biceps. Sensation was intact. Reflexes were 1+ in the brachioradialis bilaterally and right patellar reflex. His right shoulder had reduced internal and external rotation. He had full passive range of motion with mild impingement with forward flexion and internal rotation. Review of the MR arthrogram showed occult full thickness tear of the infraspinatus tendon at its insertion site extending to the glenoid labrum. At issue in this review is the request for medications capsaicin patch, naproxen and omeprazole denied in 12/14. The most recent clinical note in the available records is from 8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including NSAIDs and topical agents. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The records do not document prior or current treatments to justify the use of capsaicin. The records do not provide clinical evidence to support medical necessity of capsaicin.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including NSAIDs and topical agents. Per the guidelines, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of naproxen is not substantiated in the records.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including NSAIDs and topical agents. Per the guidelines, omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.