

<b>Case Number:</b>	CM14-0218847		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 58 year old female who sustained a work related injury June 21, 2011. Past medical history included Chiari malformation and hypertension. An MR Arthrogram right shoulder dated August 21, 2014 reveals s/p rotator cuff tear, mild to intermediate grade I undersurface, 1cm tear of the infraspinatus just proximal to its footprint (report present in medical record). According to a treating physician's report dated September 16, 2014, the injured worker presented for an established/follow-up visit. There have been no changes since the last visit according to the injured worker. Physical examination reveals strength of the major groups is 4/5 left and right upper extremities with normal tone and muscle bulk. There is impaired sensation to touch and pin in bilateral C5 distributions with mild to moderate allodynia. The range of motion is normal in the major joints and both shoulders are restricted in all directions. Diagnoses are pain in joint-shoulder region, displacement cervical disc without myelopathy, and cervicgia. Treatment plan included increase the injured workers ability to self-manage pain and related problems, MRI-C-spine, education of body mechanics, request for cognitive therapy and consultation with orthopedic surgeon. According to utilization review performed December 30, 2014, the request for Pantoprazole Tab 20mg Day Supply: 30 QTY, 30 Refills is non-certified. Citing MTUS Guidelines recommending clinicians should weigh the indications for NSAID'S against both GI and cardiovascular risk. The injured worker is not over 65 and is not on multiple/high dose NSAID's. Therefore, the request is not medically necessary. The request for Cyclobenzaprine Tab 5 mg Day Supply: 30 QTY, 60 Refills is non-certified. Citing guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term

treatment of acute exacerbations in patients with chronic low back pain. The documentation does not support the recommended guidelines and therefore, not medically necessary. The request for Voltaren Gel 1% Day Supply: 30 QTY, 500 Refills is non-certified. Citing MTUS Guidelines Topical Analgesics, the treating provider does not provide a rationale as to why topical NSAID'S versus traditional oral agents and therefore, determined to be not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro 12-16-14 Pantoprazole Tab 20mg supply 30 Qty: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

**Decision rationale:** Proton pump inhibitors such as Pantoprazole are recommended to diminish the risk of gastric ulceration in those with a history of peptic ulcer disease, patients > 65 years of age, those on high dose/multiple NSAIDs, or those also taking a blood thinning agent. Proton pump inhibitors may also be used to treat dyspepsia associated with NSAID use, The submitted record does not appear to show that the injured worker has the above risk factors for gastric ulceration and there seems to be no dyspepsia associated with NSAID use. Therefore, Pantoprazole Tab 20mg supply 30 Qty: 30 is not medically necessary.

**Retro 12-16-14 Cyclobenzaprine tab 5mg Supply: 30 Qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and generally be limited to 2-3 weeks. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this instance, the cyclobenzaprine appears to have been prescribed on several instances over the last several months implying chronic use. As Flexeril is recommended for brief periods only, Cyclobenzaprine tab 5mg Supply: 30 Qty: 60 is not medically necessary

**Retro 12-16-14 Voltaren Gel 1% day Supply 30 Qty: 500: 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 Analgesics Page(s): 111-113.

**Decision rationale:** Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this instance, the Voltaren gel has been documented by the qualified medical examiner to be in use to the neck and low back regions. These are areas specifically not recommended by the guidelines for Voltaren gel. Therefore, Voltaren Gel 1% day Supply 30 Qty: 500 gm was not medically necessary.