

<b>Case Number:</b>	CM15-0100402		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Arizona, California  
 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 40 year old male patient who sustained an industrial injury on 03/19/2012. The etiology of the accident described while working desk duty as a billing specialist; repetitive work using two computer screens. A follow up visit dated 04/30/2015 reported the patient with subjective chief complaint of neck, shoulders, and bilateral upper extremity pain. He has undergone 6 chiropractic sessions with noted improvement as evidenced by improved ability to stand upright. He states using the H-wave unit which helps to decrease the pain by 40%. The patient is found permanent and stationary for carpal tunnel; not cervical spine. There are multiple recommendations for therapy, epidural injection, NSAID and Gabapentin. She states the pain in the neck radiates down the bilateral upper extremities. She also has issue with headaches, and cramping/numbness in the fingers. Current medication regimen consisted of Zoloft, Xanax, Norco, and Lidocaine cream. Objective findings showed the neck with tenderness to palpation over the trapezius and paracervical muscles bilaterally. There is decreased range of motion of the cervical spine and a positive Phalen's test bilaterally. The patient underwent a magnetic resonance imaging study on 05/20/2013 that showed straightening in the cervical alignment-positional versus on going muscle spasm: advanced C6-7 deteriorated disc level changes with severe disc space narrowing: exuberant anterior vertebral body bony spurring, prominent bone marrow edema involving the inferior C6 superior C7 levels and dorsal vertebral body bony spurring/lipping associated with wide-based disc bulging, effacing the thecal sac, but not distorting the spinal cord. The following diagnoses are applied: carpal tunnel bilateral, cervical sprain, neck sprain and over use syndrome. The plan of care

noted initiating Sentra AM, Theramine, Gabadone. The Norco 10/325mg tapered to 60 from 90 count with plan to slowly taper down month intake. Continue with Exoten lotion, Gabapentin, Fenoprofen. He will continue with home exercise program. A visit on 01/29/2015 showed the chiropractic session authorized.

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

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was on oral and recent addition of topical NSAIDS which can increase systemic risk. As noted below, the topical NSAIDs are not medically necessary. The need for Prilosec is not justified. Therefore, the continued use of Prilosec is not medically necessary.

**Narcosoft capsule #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation fdb.rxlist.com, Narcosoft Oral.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. In this case, there is insufficient evidence to support the use of Narcosoft. There is scant information suggesting it may be used for irregular bowel improvements. It is routinely used or standard practice for constipation prophylaxis management. The Narcosoft is not medically necessary.

**Exoten-C Lotion120gm #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications/Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Exoten is a topical NSAID which may be 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the lotion for several months in combination with topical Lidocaine. There are diminishing effects after 2 weeks. The claimant does not have the above diagnoses and combined use of multiple topical analgesics is not medically necessary. The Exoten is not medically necessary.