

<b>Case Number:</b>	CM15-0014870		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Texas

Certification(s)/Specialty: Internal 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 67-year-old female, with a reported date of injury of 11/02/2000. The diagnoses include status post right shoulder rotator cuff repair, bilateral carpal tunnel type symptoms, and neck pain. Treatments to date have included Norco, Flexeril, Relafen, Prilosec, Biofreeze gel, a transcutaneous electrical nerve stimulation (TENS) unit, an MRI of the cervical spine, and physical therapy. The progress report dated 11/14/2014 indicates that the injured worker had ongoing neck and upper extremity pain. It was noted that the injured worker's medications allow her to carry out activities of daily living. Her pain was rated 9 out of 10 before medications, and 5 out of 10 with medications. There was some gastrointestinal upset, but the Prilosec helped with it. It was noted that the Biofreeze gel significantly helped over the shoulder joint itself. The objective findings include increased tenderness with spasms at the cervical paraspinal muscles extending to the bilateral trapezius. The treating physician requested Prilosec 20mg #60 (date of service: 11/14/2014) and Biofreeze gel; one tube a month (date of service: 11/14/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Prilosec 20mg QTY: 60.00 DOS 11/14/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

**Decision rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

**Retrospective request for Biofreeze Gel; 1 tube a month (tubes) QTY: 3.00 DOS 11/14/14:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the documentation does not support that the patient has tried and failed treatment with first line medications.