

<b>Case Number:</b>	CM15-0140706		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	03/14/2005
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old, female who sustained a work related injury on 3-14-05. The diagnoses have included torn rotator cuff, arthritis acromioclavicular joint right shoulder and impingement syndrome. Treatments have included right shoulder surgery, postoperative physical therapy, oral medications, Voltaren gel, and right shoulder injections. In the Worker's Compensation Re-Evaluation dated 6-8-15, the injured worker reports right shoulder pain. She has pain that radiates and there is tingling and weakness. On physical exam, right shoulder range of motion includes forward flexion at 110 degrees, adduction at 95 degrees, external rotation at 40 degrees and internal rotation at sacroiliac joint. Palpation shows crepitation in the subacromial area and tenderness over the subacromial area. Reflexes, sensation and strength are all within normal limits. She has positive supraspinatus, impingement and Hawkin's tests. She has cervical tenderness over trapezius muscle. She is working with restrictions. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg #60 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Proton Pump Inhibitors (PPIs).

**Decision rationale:** Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria: 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). Per the ODG, PPI's are "Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective". (AHRQ, 2011) However a review of the injured workers medical records that are available to me do not reveal that she is at increased risk for a GI event and it is not clear why an H2 blocker is being used in preference to the guideline recommended PPI, without this information, it is not possible to determine medical necessity, therefore the request for Zantac 150mg #60 with 5 refills is not medically necessary.

**Voltaren Gel, 3 packs with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. Non-steroidal anti-

inflammatories (NSAIDS) show "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Voltaren Gel 1% (diclofenac) is 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 not specified where the Voltaren gel is being applied to. Since it has not been evaluated for treatment of shoulder or spine areas and site of use is not specified, the requested treatment of Voltaren gel is not medically necessary.

**Sulindac 200mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per CA MTUS guidelines, Sulindac (Clinoril) is a non-steroidal anti-inflammatory (NSAIDs) medication. For osteoarthritis and ankylosing spondylitis, it is recommended as an option for short-term pain relief. It has been found no more effective than other drugs such as acetaminophen, narcotic analgesics and muscle relaxants. The injured worker states this medication is helping with pain control. She has been on this medication since 2009. There is insufficient documentation of how this medication is working to relieve her pain, of decreased pain levels or improved functional capabilities. She has been on this medication long-term. For these reasons, the requested treatment of Sulindac is not medically necessary.