

<b>Case Number:</b>	CM15-0165313		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: California  
 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(n) 52 year old male, who sustained an industrial injury on 9-22-09. The injured worker was diagnosed as having right shoulder bursitis, right shoulder impingement syndrome and right carpal tunnel syndrome. The physical exam (1-13-15 through 6-4-15) revealed 4 out of 10 pain in the right shoulder, a positive Phalen's and Hawkin's sign and normal right shoulder range of motion. Treatment to date has included an NCS on 4-6-15, acupuncture, Naproxen, Norco and Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base (since at least 2-26-15). As of the PR2 dated 7-2-15, the injured worker reports pain in his right shoulder and wrist. Objective findings include normal right shoulder and wrist range of motion, a positive Phalen's test and a positive Hawkins sign. The treating physician requested Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base, Norco 10-325mg 360, additional acupuncture x 6 sessions to the right shoulder and wrist, Naproxen 550mg #60 and Pantoprazole 20mg #60. The Utilization Review dated 7-27-15, non-certified the request for Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base, Norco 10-325mg 360, additional acupuncture x 6 sessions to the right shoulder and wrist, Naproxen 550mg #60 and Pantoprazole 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base is not medically necessary.

**Norco 10/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Norco 10/325mg #60 is medically necessary.

**Additional Acupuncture right shoulder and right wrist x 6:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. This patient is currently working full time. I am reversing the previous utilization review decision. Additional Acupuncture right shoulder and right wrist x 6 is medically necessary.

**Retrospective 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 Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Retrospective Naproxen Sodium 550mg #60 is not medically necessary.

**Retrospective Pantoprazole 20mg #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 Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Retrospective Pantoprazole 20mg #60 is not medically necessary.