

<b>Case Number:</b>	CM15-0173930		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old female with a date of injury of October 7, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder partial rotator cuff tear, right shoulder tendinosis, right shoulder acromioclavicular osteoarthritis, and possible adhesive capsulitis. Medical records dated June 10, 2015 indicate that the injured worker complains of right shoulder pain. A progress note dated August 5, 2015 notes subjective complaints of right arm pain. Per the treating physician (August 5, 2015), the employee has not returned to work. The physical exam dated June 10, 2015 reveals tenderness to palpation over the right rotator cuff, and decreased range of motion of the right shoulder. The progress note dated August 5, 2015 documented a physical examination that showed tenderness to palpation of the acromioclavicular joint and rotator cuff, and decreased range of motion of the right shoulder. Treatment has included acupuncture, physical therapy, shoulder injections, and medications (Flexeril 7.5mg, Naproxen Sodium 550mg, Ortho-Nesic gel, and Pantoprazole 20mg since at least March of 2015). The original utilization review (August 27, 2015) non-certified a request for Naproxen Sodium 550mg #60, Pantoprazole 20mg #60, Ortho Nesic gel 6 oz., and Cyclobenzaprine 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550mg #60:** 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:** NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.

**Pantoprazole 20mg #60:** 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 Chapter, PPI.

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

**Ortho Nestic 6oz:** 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Biofreeze and Cryotherapy gel.

**Decision rationale:** Regarding Ortho-Nestic which contains topical menthol and camphor 2%, CA MTUS states that topical compound medications require guideline support for all

components of the compound in order for the compound to be approved. There are no provisions for topical menthol in the California Medical Treatment Utilization Schedule. Therefore the Official Disability Guidelines are referenced, which support the use of menthol only in the context of acute low back pain as an alternative to ice packs. Specifically, the Official Disability Guidelines Low Back Chapter under the Biofreeze and Cryotherapy section state: "Recommended as an optional form of cryotherapy for acute pain." Given that this worker does not have documentation of acute low back pain, the topical menthol is not medically necessary. Therefore, Ortho-nesic is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** 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): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.