

<b>Case Number:</b>	CM15-0174040		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/07/2015
<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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female who sustained an industrial injury on March 11, 2011. A primary treating initial evaluation reported present subjective complaint of stiffness and tingling in the neck; burning and sharp sensations in the right shoulder, right wrist and right hand with associated numbness into the right arm and hand. She states taking "Ibuprofen and Naproxen." The following diagnoses were applied: headache; cervical sprain and strain; right shoulder strain and sprain; right wrist strain and sprain and right hand. The plan of care is with recommendation to undergo a functional capacity evaluation; continue with medications Naproxen, Pantoprazole, Ibuprofen and transdermal cream. Primary follow up dated February 04, 2015 reported the following diagnosis applied: right carpal tunnel syndrome. There is noted pending authorization for the following: acupuncture care, transcutaneous nerve stimulator unit, injection, and consultation. Also within the submitted records was mention of a progress note dated 07/23/2015; the injured worker on this date had ongoing neck, shoulder, and wrist/hand pain. Examination showed diffuse neck and shoulder tenderness, including over the bilateral trapezii along with right shoulder impingement signs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90: 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), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Despite being on dual NSAID therapy (and no clear rationale for this), the injured worker continues to report significant pain in multiple regions, ranging from 6-9/10. Long-term use is not recommended. Medical necessity has not been established and as such, this 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 rationale:** According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors (PPIs) are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no mention of significant gastrointestinal complaints, nor is there mention of the injured worker being at high risk for gastrointestinal related events. However, and more importantly, because the NSAID medications have been deemed not medically necessary, so to is the request for proton pump inhibition not medically necessary. Also, there is no failure to first line PPI agent such as Lansoprazole, or Omeprazole. This request is not medically necessary.

**Ibuprofen 800mg #90: 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), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Despite being on dual NSAID therapy (and no clear rationale for this), the injured worker continues to report significant pain in multiple regions, ranging from 6-9/10. Long term use is not recommended. Medical necessity has not been established and as such, this request is not medically necessary.

**Ketoprofen 10% Cyclobenzaprine 3% Lidocaine 5% 120 gm: 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 rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. The California MTUS does not support topical Cyclobenzaprine, or Ketoprofen. The guidelines go on to state that topical Ketoprofen carries a high incidence of photocontact dermatitis. The requested cream also contains Lidocaine, and this is approved for use in post-herpetic neuralgia and has also been shown to be effective for diabetic painful neuropathy; there is no mention of any of these conditions. Given the above, this request is not medically necessary.

**Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Screening.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There is no mention of the injured worker being at high risk for abusing medications. The rationale for a urine screen is not entirely clear. Medical necessity has not been established in this case, therefore is not medically necessary.