

<b>Case Number:</b>	CM15-0065571		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/22/2004
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Massachusetts

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:

The injured worker is a 63 year old male, who sustained an industrial/work injury on 1/22/04. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having sprain/strain of shoulder, gastritis irritant without hemorrhage. Treatment to date has included medication, activity modification, surgery to the shoulder, shoulder injection, and physical therapy. Currently, the injured worker complains of continued left shoulder pain with limited range of motion. Per the primary physician's progress report (PR-2) on 3/3/15, examination noted limited flexion and adduction to about 90 degrees, further movement caused some scaption, and ability to externally rotate was very limited, internal rotation was full but performed scaption. The requested treatments include Flector patches, Prevacid, and Mobic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flector Patch Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Flector Patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The claimant has a history of a work injury occurring more than one year ago and continues to be treated for left shoulder pain. When seen, there was decreased and painful shoulder range of motion. The claimant has a history of gastritis. Medications include also Mobic 7.5 mg per day and Prevacid. In terms of Flector patches, topical NSAIDs have a better safety profile than oral NSAIDs. Adverse effects secondary to topical NSAID use occur in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. In this case, the claimant is already being prescribed an oral NSAID. Prescribing two NSAID medications is duplicative. Additionally, there is no evidence of a trial and failure of diclofenac in a non-patch formulation. Therefore, the Flector patches were not medically necessary.

**Prevacid 30mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant has a history of a work injury occurring more than one year ago and continues to be treated for left shoulder pain. When seen, there was decreased and painful shoulder range of motion. The claimant has a history of gastritis. Medications include Mobic 7.5 mg per day and Prevacid. In this case, the claimant has gastritis and prescribing either a selective non-steroidal anti-inflammatory medication (NSAID) such as Mobic or a nonselective NSAID and an H2 blocker such as Prevacid would be appropriate. Since he is already being prescribed Mobic, the Prevacid is not medically necessary.

**Mobic 7.5mg #30 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant has a history of a work injury occurring more than one year ago and continues to be treated for left shoulder pain. When seen, there was decreased and painful shoulder range of motion. The claimant has a history of gastritis. Medications include Mobic 7.5 mg per day and Prevacid. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. In this case, the

claimant has gastritis and prescribing either a selective non-steroidal anti-inflammatory medication (NSAID) such as Mobic or a nonselective NSAID and an H2 blocker such as Prevacid would be appropriate. Recommended dosing of Mobic (meloxicam) should not exceed 15 mg/day. The requested dosing is within guideline recommendations and therefore medically necessary.