

<b>Case Number:</b>	CM15-0094792		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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

### 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 46-year-old female, who sustained an industrial injury on December 20, 2013. She reported neck and back pain with left hand numbness due to cumulative trauma. The injured worker was diagnosed as having left shoulder adhesive capsulitis and cervical radiculopathy. Diagnostic studies to date have included MRI. Treatment to date has included activity/work modifications, physical therapy, heat/ice, and medications including pain, oral anti-epilepsy, topical anti-epilepsy, and non-steroidal anti-inflammatory. On April 2, 2015, the injured worker complains of cervical pain with left upper extremity symptoms, rated 6/10. She complains of left shoulder pain, rated 7/10. Physical therapy helped improve his range of motion and decrease his pain. The physical exam revealed cervical spine tenderness and decreased range of motion, decreased sensation of the left cervical 6 and cervical 7 dermatomal distributions, weakness of the left wrist extensors and flexors, and decreased range of motion of the left shoulder. The requested treatments include Naproxen, Pantoprazole, topical compound ointment (GABA 6%), and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Pain Outcomes and Endpoints Page(s): 22, 60, 8-9.

**Decision rationale:** The patient presents on 04/02/15 with cervical pain rated 6/10, which radiates into the left upper extremity, and left shoulder pain rated 7/10. The patient's date of injury is 12/20/13. Patient has no documented surgical history directed at these complaints. The request is for NAPROXEN 550MG #60. The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the cervical spine, reduced range of motion on extension, bilateral rotation, and bilateral tilt. Upper extremity neurological evaluation reveals diminished sensation in the left C6 and C7 dermatomal distribution. The patient is currently prescribed Naproxen and Pantoprazole. Diagnostic imaging was not included, however progress note dated 02/05/15 references left shoulder MRI dated 02/03/15 as "demonstrating thickening and edema of the inferior glenohumeral ligament with adhesive capsulitis with intact rotator cuff." Patient is currently classified as temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the requested Naproxen for this patient's chronic pain, the treating physician has not provided adequate documentation of medication efficacy. This patient has been prescribed Naproxen since at least 12/23/14. Most recent progress note, dated 04/02/15, includes discussion of AED, topical cream, and TENS unit efficacy, but neglects to provide documentation of analgesia or functional improvements attributed to oral medications. Without such documentation, continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents on 04/02/15 with cervical pain rated 6/10, which radiates into the left upper extremity, and left shoulder pain rated 7/10. The patient's date of injury is 12/20/13. Patient has no documented surgical history directed at these complaints. The request is for PANTOPRAZOLE 20MG #60. The RFA is dated 04/02/15. Physical

examination dated 04/02/15 reveals tenderness to palpation of the cervical spine, reduced range of motion on extension, bilateral rotation, and bilateral tilt. Upper extremity neurological evaluation reveals diminished sensation in the left C6 and C7 dermatomal distribution. The patient is currently prescribed Naproxen and Pantoprazole. Diagnostic imaging was not included, however progress note dated 02/05/15 references left shoulder MRI dated 02/03/15 as "demonstrating thickening and edema of the inferior glenohumeral ligament with adhesive capsulitis with intact rotator cuff." Patient is currently classified as temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Pantoprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient is currently prescribed Naproxen, but there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Topical compound ointment (gaba 6%) # 300gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents on 04/02/15 with cervical pain rated 6/10, which radiates into the left upper extremity, and left shoulder pain rated 7/10. The patient's date of injury is 12/20/13. Patient has no documented surgical history directed at these complaints. The request is for TOPICAL COMPOUNDED OINTMENT (GABA 6%) 300GM. The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the cervical spine, reduced range of motion on extension, bilateral rotation, and bilateral tilt. Upper extremity neurological evaluation reveals diminished sensation in the left C6 and C7 dermatomal distribution. The patient is currently prescribed Naproxen and Pantoprazole. Diagnostic imaging was not included, however progress note dated 02/05/15 references left shoulder MRI dated 02/03/15 as "demonstrating thickening and edema of the inferior glenohumeral ligament with adhesive capsulitis with intact rotator cuff." Patient is currently classified as temporarily partially disabled. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required... Gabapentin: Not recommended." In regard to the request for a compounded cream containing Gabapentin; the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported by MTUS guidelines in topical

formulations. Guidelines also specify that any cream, which contains an unsupported ingredient, is not indicated. Therefore, the request IS NOT medically necessary.

**Urine drug screen retro-4/2/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Urine Drug Testing.

**Decision rationale:** The patient presents on 04/02/15 with cervical pain rated 6/10, which radiates into the left upper extremity, and left shoulder pain rated 7/10. The patient's date of injury is 12/20/13. Patient has no documented surgical history directed at these complaints. The request is for UDS (RETRO DOS 04/02/15). The RFA is dated 04/02/15. Physical examination dated 04/02/15 reveals tenderness to palpation of the cervical spine, reduced range of motion on extension, bilateral rotation, and bilateral tilt. Upper extremity neurological evaluation reveals diminished sensation in the left C6 and C7 dermatomal distribution. The patient is currently prescribed Naproxen and Pantoprazole. Diagnostic imaging was not included, however progress note dated 02/05/15 references left shoulder MRI dated 02/03/15 as "demonstrating thickening and edema of the inferior glenohumeral ligament with adhesive capsulitis with intact rotator cuff." Patient is currently classified as temporarily partially disabled. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the provider is requesting a UDS but has not provided a reason for the request. This patient is not currently taking any opioid medications for pain and is only prescribed Naproxen and Pantoprazole. Ordinarily, urine drug screens are utilized to ensure patient compliance with narcotic medications. Without evidence that this patient is currently taking narcotic medications (or that the provider intends on prescribing one) the request cannot be substantiated. Therefore, the request IS NOT medically necessary.