

<b>Case Number:</b>	CM14-0143120		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44 year old female with an injury date on 10/16/2000. Based on the 07/31/2014 progress report provided by [REDACTED] the patient complains of neck, mid back, right shoulder, right arm, right elbow, right wrist, right hand and ears pain. Patient describes pain as numbness, tingling, sharp, and pain scale ranges from 4-8/10. The pain is aggravated by bending, reaching, exercises, coughing or straining, prolong standing, sitting and walking. Patient also states regard to functional limitations during the past month, she avoids going to work and other ADLs. The patient's pain is relieved with medications and resting. Musculoskeletal exam show no spinous process tenderness or masses palpable along the cervical spine. There is a negative Spurling's maneuver bilaterally, Drop arm test, and crossed arm adduction test. The diagnoses include the following: 1. Right shoulder rotator cuff syndrome. 2. Cervicalgia. [REDACTED] is requesting for Diclofenac XR 150 mg, #30, Prilosec 20 mg, #60, and Methyl Salicylate 15%. The utilization review determination being challenged is dated 08/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/13/2014 to 08/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 150mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren-XR). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Anti-inflammatory medications Page(s): 60, 61, 22.

**Decision rationale:** According to the 07/31/2014 report by [REDACTED], this patient presents with neck, mid back, right shoulder, right arm, right elbow, right wrist, right hand and ears pain. The treater is requesting for Diclofenac XR 150 mg, but progress report reports 06/13/2014 and 07/31/2014 requesting for Diclofenac XR 100 mg. The report with the request was not provided. MTUS guidelines page 22 states, "Anti-inflammatories 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 nonsteroidal anti-inflammatory drugs (NSAIDs)." While the use of oral NSAIDs may be indicated for this patient's pain, review of the reports 06/13/2014 and 07/31/2014, show treater does not discuss medication efficacy. MTUS page 60 require that "A record of pain and function with the medication should be recorded." Recommendation is for denial.

**Prilosec 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk..

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

**Decision rationale:** According to the 07/31/2014 report by [REDACTED], this patient presents with neck, mid back, right shoulder, right arm, right elbow, right wrist, right hand and ears pain. The treater is requesting for Prilosec 20 mg, #60. The MTUS Guidelines state Prilosec (omeprazole) is recommended with precautions and that clinician should weight indications for NSAIDs against both GI and cardiovascular risk factors. GI assessment is required for prophylactic use of PPI for chronic NSAID use. GI risk factors include age >65; concurrent use of anticoagulants, ASA, or high dose of NSAIDs; history of PUD or bleeding ulcers, etc. Based upon review of the reports there are no reporting of patient's GI risk factors. Furthermore, the treater does not discuss why this medication is being prescribed and with what effectiveness. There are no discussions regarding any GI issues. Recommendation is for denial.

**Methyl Salicylate 15%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** According to the 07/31/2014 report by [REDACTED], this patient presents with neck, mid back, right shoulder, right arm, right elbow, right wrist, right hand and ears pain. The treater is requesting for Methyl Salicylate 15%. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." In this patient, the treater does not provide any documentation that this topical is working to reduce pain and improve function. MTUS page 60 states, "A record of pain and function with the medication should be recorded." None of the reports discuss how this topical is being used and with effectiveness. Recommendation is for denial.