

<b>Case Number:</b>	CM14-0002441		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 60 year old male who sustained an injury on 07/03/06. No specific mechanism of injury was noted; however, it appeared that the symptoms occurred over time while at work. The patient had multiple prior surgical procedures including ulnar nerve transposition in June of 2007 followed by two surgeries to the left shoulder in 2009 and 2010. The patient was followed for ongoing complaints of chronic left shoulder pain. The patient also reported complaints of pain at the bilateral elbows and wrists and cervical spine. Recent treatment included trigger point injections at the right shoulder that reduced pain for approximately two weeks with return to baseline. The clinical record from 02/11/14 noted pain that was severe ranging from 7-9/10 in the upper extremities and shoulders. The patient had reports of minimal grip strength. Current medication use included Advil and Lidoderm patches every other day. The patient was also utilizing Medrol topical patch. The patient agreed to a narcotics contract and urinary toxicology results were reported as negative for any controlled substances. On physical examination, there was pain to touch in the bilateral upper extremities. Impingement signs were positive at the bilateral shoulders. There was tenderness to palpation over the paraspinal areas of the cervical spine. The patient was recommended to continue with a home exercise program. Medication recommendations were for continued Medrox, and Lidoderm patches. Due to increased gastrointestinal difficulty the patient was recommended to voluntarily discontinue Vicoprofen and Advil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX OINTMENT:** Overturned

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

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

**Decision rationale:** The clinical information noted the patient had failed previous trials of neuropathic medications including Trazadone and gabapentin. Furthermore the patient had difficulty tolerating oral medications due to gastrointestinal reflux and generalized dyspepsia. Given the contraindications to most oral medications and continued musculoskeletal complaints, this patient would have met guideline recommendations regarding the use of a capsaicin based product. Therefore, this request is deemed medically necessary.

**VICOPROFEN 7.5/200MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** From the clinical records the patient had urine drug screens on 01/13/14 which was negative for any controlled substances. Although the patient reported dyspepsia and gastrointestinal reflux with most oral medications, the treating provider noted that the patient utilized this medication sparingly and only for severe breakthrough pain. The patient had been compliant with medication use. The clinical information indicated that with breakthrough use only the symptoms were well controlled. Given these findings, the request is medically necessary.

**LIDODERM 5% PATCHES:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

**Decision rationale:** As noted with the topical Medrox, the patient failed previous medications including both antidepressants and anticonvulsants. The patient had ongoing neuropathic type symptoms and musculoskeletal pain in the upper extremities. The patient was also unable to tolerate most medication oral medications due to gastrointestinal distress. The patient was not utilizing Lidoderm patches on a daily basis but was changing patches every other day. Given these findings, the request is medically necessary.