

<b>Case Number:</b>	CM14-0019465		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	02/03/2004
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for bilateral shoulder impingement with tendinopathy and AC joint arthritis and cervical sprain/strain with a radiculopathy associated with an industrial injury date of February 3, 2004. Treatment to date has included oral and topical analgesics, marijuana, TENS, hot/cold modalities, right shoulder surgery, physical therapy, acupuncture, chiropractic therapy, and psychotherapy. Medical records from 2013 to 2014 were reviewed and showed persistent daily neck and bilateral shoulder pain graded 8/10 without medications. The patient denies spasms as well as numbness and tingling sensations. The neck symptoms are aggravated with exertion and movement; this is relieved with ice, medications, rest and TENS unit. The intense pain prevents her from performing daily tasks; however, Tylenol only provides very minimal relief. Physical examination findings include markedly decreased grip strength to almost none on both hands; positive Tinel's at the elbows bilaterally; tenderness over the cervical spine; limitation of motion of the bilateral shoulder; and mild swelling right middle finger with mild tenderness. Neurological examination was normal. The patient was diagnosed with bilateral shoulder impingement with tendinopathy and AC joint arthritis; and cervical sprain/strain with a radiculopathy. The patient is on chronic opioid use dating as far back as July 2009 with Vicodin and Tramadol; and Norco as far back as February 2013. She was also on prolonged NSAIDs use starting with etodolac back in July 2009; and Naproxen July 2013. Other medications include Valium for depression, anxiety and sleep disturbances taken as far back as July 2009; and Prilosec for GI upsets taken as far back as July 2009. Utilization review dated January 28, 2014 denied the requests for Norco 10/325mg #60 because the request for one refill of Norco accompanying this request was certified, and there is lack of documentation regarding the efficacy, safety and patient compliance with its use; Naproxen sodium 500mg #60 due to chronic use with BP elevations and lack of documentation

showing the necessity and efficacy of long term use; Valium 10mg #60 due to no indication or recommendation for continued use; Prilosec 20mg #60 due to request of Naproxen sodium being non-certified; Lidopro lotion 4oz. because the active ingredients are not recommended by the guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORCO 10/325MG #60 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM USERS OF OPIOIDS (6 MONTHS OR MORE); HYDROCODONE/ACETAMINOPHEN (NORCO (R)).

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

**Decision rationale:** Page 79-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been on chronic opioid use dating as far back as July 2009 with Vicodin and Tramadol; and Norco as far back as February 2013. However, there was no documentation of overall pain improvement and functional benefits with its use; and previous urine drug screen results to show monitoring and patient compliance were not provided. The criteria for continued opioid treatment were not met. Therefore, the request for Norco 10/325mg #60 with one refill is not medically necessary.

**NAPROXEN SODIUM 500MG #60 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - SPECIFIC RECOMMENDATIONS, BACK PAIN; NSAIDs, HYPERTENSION AND RENAL FUNCTION; NAPROXEN; NONSELECTIVE NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** Page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Its use can cause gastrointestinal irritation or ulceration and renal or allergic problems. In this case, the patient has been on prolonged NSAID use starting with etodolac from August 2009, and subsequently Naproxen as far back as back as July 2013. However, there were no objective evidences of overall pain improvement and functional gains from Naproxen use. The guidelines do not recommend chronic use of NSAIDs; there is no clear indication for its continued use. Therefore, the request for Naproxen Sodium 500mg #60 with one refill is not medically necessary.

**VALIUM 10MG #60 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES; WEANING OF MEDICATIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** Page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. In this case, Valium was prescribed as far back as July 2009 for anxiety, depression, sleep disturbances, and muscle spasms. However, the patient denied muscle spasms; and physical examination did not show such finding on the most recent progress report dated March 14, 2014. Moreover, there was no documentation of relief of spasm, increased sleep duration or decreased sleep latency, and over all functional gains from its use. Also, the documented drug use has exceeded the recommended duration. The guideline does not support long-term use due to the risk of dependence. Therefore, the request for Valium 10mg #60 with one refill is not medically necessary.

**PRILOSEC 20MG #60 WITH ONE REFILL:** 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 Page(s): 68.

**Decision rationale:** Page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has GI complaints due to pain medications for which Omeprazole was prescribed as far back as August 2009. Furthermore, recent utilization review dated March 25, 2014 denied the request for Naproxen. The patient does not possess any of the risk factors enlisted above that warrant a prescription with PPI. Therefore, the request for Prilosec 20mg #60 with one refill is not medically necessary.

**LIDOPRO LOTION, 4 OZ, WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; LIDOCAINE INDICATION; CAPSAICIN, TOPICAL; SALICYLATE TOPICALS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**Decision rationale:** Page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. LidoPro topical ointment contains capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Lidocaine (in creams, lotions, or gels) and Capsaicin in a 0.0375% formulation are not recommended for topical applications. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Topical Salicylate is significantly better than placebo in chronic pain as stated in page 105 of MTUS Chronic Pain Medical Treatment Guidelines. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the patient has been complaining of chronic neck and shoulder pain. However, this compound medication is not supported by guidelines and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Lidopro Lotion, 4 OZ, with one refill is not medically necessary.