

<b>Case Number:</b>	CM14-0127826		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Medicine 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 injured worker is a 28 year old female who is reported to have sustained work related injuries to her right shoulder on 10/18/12. It is reported that on the date of injury she developed right shoulder pain while moving bags of rice and reaching overhead. Records indicate that treatment to date has included oral medications, chiropractic, and therapy. The injured worker has undergone an MRI of the cervical spine on 03/27/14 which indicated mild disc desiccation at C5-6 and is reported as otherwise normal. The injured worker subsequently underwent a right shoulder MRI on 07/02/14 which indicated mild subacromial bursitis but was otherwise negative. Records indicate that the injured worker has chronically been maintained on extra strength Tylenol 500mg, Motrin 800mg, and Gabapentin, Ketorolac, and Lidocaine compound. The serial records provide no substantive data that the chronic use of these anti-inflammatory medications has resulted in any substantive improvement. The record contains a utilization review determination dated 07/30/14 in which requests for extra strength Tylenol 500mg #50, Motrin 800mg #60, and Gabapentin, Ketorolac and Lidocaine compound were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ES Tylenol 500mg 1 QID #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11, 12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The request for extra strength Tylenol 500mg 1 four times a day #50 is not supported as medically necessary. The available clinical records indicate that the injured worker has subjective complaints of myofascial pain. Imaging studies have provided no substantive pathology that would account for the injured worker's near 2 year history of treatment. There is no indication that the chronic use of anti-inflammatory medications has resulted in any substantive functional improvements. Further, the request exceeds the United States Food and Drug Administration recommendations for daily intake of Acetaminophen. As such, the medical necessity for the continued use of this medication is not established.

**Motrin 800mg BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70, 71, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The request for Motrin 800mg twice a day #60 is not supported as medically necessary. The available clinical records indicate that the injured worker has subjective complaints of myofascial pain. Imaging studies have provided no substantive pathology that would account for the injured worker's near 2 year history of treatment. There is no indication that the chronic use of anti-inflammatory medications has resulted in any substantive functional improvements. Further, the request exceeds the United States Food and Drug Administration recommendations for daily intake of Acetaminophen. As such, the medical necessity for the continued use of this medication is not established.

**Gabapentin, Ketorolac, and Lidocaine compound topical 1 gram BID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** The submitted clinical records indicate that the injured worker has chronic myofascial pain. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration (US FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Gabapentin and Ketorolac which have not been approved by the FDA

for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.