

<b>Case Number:</b>	CM14-0135980		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2014

### 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 Family Medicine 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:

This injured worker's date of injury is 01/29/2010. This patient sustained injuries of her neck and upper back while working on her job. Her job involves lifting up multiple boxes of tomatoes and transferring them to a conveyor. The patient developed pain in the shoulder and neck and an MRI revealed a SLAP lesion of the right shoulder. The patient receives treatment for chronic neck, back, and shoulder. An MRI of the cervical spine taken in November 2011 shows mild dorsal spurs causing some compression on the ventral thecal sac. The physician's note regarding the visit dated 08/13/2014 indicates the patient experiences the feeling of a lump in her shoulder and there is pain that radiates to the chest. The treating physician briefly describes the physical exam as right shoulder forward flexion is 90 to 100 degrees and the abduction is 80 to 90 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg #60:** Upheld

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

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

**Decision rationale:** Relafen (Nabumetone) is an NSAID. NSAIDS may be medically indicated to treat knee and hip osteoarthritis and back pain exacerbations for short-term relief. NSAIDS can cause harm and require clinical monitoring for gastrointestinal, renal, and cardiovascular complications. For example, NSAIDS must be avoided when the estimated GFR drops below 59. The documentation does not state that Relafen is being used to treat osteoarthritis, nor is there documentation that GI, renal, and cardiovascular harms have been evaluated or monitored. The request for Relafen is not medically indicated.

**Celexa 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anxiety for treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

**Decision rationale:** Celexa (Citalopram) is an SSRI anti-depressant. Some anti-depressant medications may be medically indicated to treat neuropathic pain, fibromyalgia, and major depression associated with chronic pain. SSRI's are not medically indicated to treat either neuropathic pain or fibromyalgia. The medical documentation does not mention neuropathic pain, fibromyalgia, nor major depression associated with chronic pain as the indication in this case. Celexa is not medically necessary.

**Biofreeze gel #2:** Upheld

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

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

**Decision rationale:** Topical analgesics are considered experimental, because there are few randomized controlled studies that demonstrate efficacy or safety. Biofreeze is an OTC topical analgesic marketed for the temporary relief of musculoskeletal pain. The active ingredient is menthol. According to the treatment guidelines, topical menthol is not medically indicated to treat chronic pain. Biofreeze is not medically indicated.

**Norco 10/325 mg one p.o. b.i.d. p.r.n. #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 81-83, Postsurgical Treatment Guidelines Page(s): 80-82.

**Decision rationale:** Norco 10/325 is a combination pill containing 10 mg of hydrocodone, an opioid, and acetaminophen 325 mg. Opioids for chronic pain expose the patient to considerable harms including drug tolerance, dependence, addiction, multiple systemic side effects, and hyperalgesia (that is, the pain actually increases). While opioids may play some role in treating neuropathic pain, chronic back pain, and osteoarthritis, studies show that the best role is for the short-term relief of exacerbations. Clinical studies show that long-term efficacy is not achieved, and the efficacy achieved is quite limited. Norco is not medically indicated.