

<b>Case Number:</b>	CM14-0042430		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 New Jersey. 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 worker is a 41 year old female who was injured on 6/1/2010 after falling. She was diagnosed with a left metatarsal and medial malleolus fracture, osteoarthritis of the ankle, left and right knee derangement, and low back pain with minimal disc disease, left shoulder impingement, and right shoulder impingement syndrome. She was treated with medications (topical and oral), Physical Therapy, Acupuncture, and Surgery (left ankle open reduction internal fixation, right shoulder arthroscopy), but continued to experience chronic pain. On 3/17/14, the worker was seen by her primary treating physician complaining of her left ankle and right shoulder pain, rated at 7-8/10 on the pain scale, which had been continuing for many months. Physical examination revealed limited range of motion of the left ankle and right shoulder. She was then recommended she take, for the first time, two Transdermal Analgesics (Ibuprofen and lidocaine), Naprosyn, Omeprazole, Norco, and Tramadol. The worker had used Tramadol, Naproxen, and Norco and had reported similar pain levels in the past with their use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Cream (Enovarx-Ibuprofen Xolido): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anti-Inflammatory creams.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 111-113, 56-57.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that Topical Analgesics are generally considered experimental as they have limited evidence to support their use as first-line therapy, however, as a second-line therapy they may be considered. Topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including Tri-Cyclic, SNRI Anti-Depressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Any medication that has even one ingredient that is not recommended qualifies the entire product to also not be recommended. In the case of this worker, there is no evidence of neuropathic pain to justify using Topical Lidocaine, and concurrent use of Topical NSAIDs and Oral NSAIDs is unnecessary, therefore the Transdermal creams are not medically necessary.

**Omeprazole 20 MG Quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non- Steroidal Anti-Inflammatory Drugs (NSAID's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69 Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a Proton Pump Inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently Aspirin, Corticosteroids, and/or an Anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there is no evidence found in the notes provided for review to suggest that she is at a higher risk for gastrointestinal events with the NSAID use, therefore the Omeprazole is not medically necessary.

**Norco 10/325 MG Quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that Opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued Opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed Opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side

effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of Opioids. Long-term use and continuation of Opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had used Norco in the past, but continued to report high levels of pain with use. She also had used Tramadol in the past, but with no documented benefits from its use. Also, no specific report of the worker benefitting functionally from Norco or Tramadol was found documented in the notes provided for review, which is necessary in order to justify continuation or restarting of either of these. Therefore, the Norco and the Tramadol are both not medically necessary.

**Tramadol 50 MG Quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that Opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued Opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with Opioid use, all in order to improve function as criteria necessary to support the medical necessity of Opioids. Long-term use and continuation of Opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had used Norco in the past, but continued to report high levels of pain with use. She also had used Tramadol in the past, but with no documented benefits from its use. Also, no specific report of the worker benefitting functionally from Norco or Tramadol was found documented in the notes provided for review, which is necessary in order to justify continuation or restarting of either of these. Therefore, the Norco and the Tramadol are both not medically necessary.