

<b>Case Number:</b>	CM14-0062922		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old female who reported an injury on February 29, 2012. The injury happened when she walked into a pole sticking out from a canopy and injured the right side of her face. The clinical note dated June 22, 2014 noted the injured worker presented with right shoulder pain, headaches, muscle spasm in the posterior neck, and back pain. Upon examination of the cervical spine there was paravertebral muscle spasm, tenderness, and tight muscle band to the right side. Inspection of the right shoulder revealed guarding and pain, restricted range of motion, a positive Hawkin's, Neer's, belly-press, empty cans, and O'Brien's test. Upon palpation there was tenderness noted to the acromioclavicular joint and biceps groove. The diagnoses were cervical syndrome and pain in the joint of the shoulder. The treatment plan included physical therapy, aquatic therapy, acupuncture, an active range of motion program, and medications. The provider recommended Vicodin 5/500 mg and flurbiprofen 20% cream. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Vicodin 5/500mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Vicodin since at least October 14, 2013, the efficacy of the medication was not provided. The provider's request did not include the frequency of the medication. As such, the request is not medically necessary.

**1 Flurbiprofen 20% Cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains 1 drug or drug class that is not recommended is not recommended. The Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amiable to topical treatment. The recommended use is 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker did not have a diagnosis which would be congruent with the Guideline recommendations for topical NSAIDs. The provider's request did not indicate the site at which the cream was intended for or the frequency of the medication. As such, the request is not medically necessary.