

<b>Case Number:</b>	CM14-0188050		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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, has a subspecialty in Neuromuscular 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 injured worker is a 45-year-old female who reported an injury on 10/07/2014. The mechanism of injury occurred from boxes collapsing off a shelf. The injured worker complained of constant pain to the left shoulder along with the right leg pain. Diagnoses included cervical spine strain/sprain, left shoulder sprain/strain, left wrist sprain/strain, left forearm sprain/strain, and left thigh contusion. Medications included Norco, Naproxen, Prilosec, Flexeril, and Voltaren gel. The objective findings to the left shoulder revealed flexion of 140 degrees, extension 50 degrees, adduction 40 degrees, and abduction 130 degrees. Less tenderness was noted at the AC joint and tenderness to the left levator insertion at the scapula. Prior treatments included medication and modified duty. The diagnostics for the left shoulder were not provided. The request for authorization dated 11/18/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The request for Norco 5/325 mg #30 is not medically necessary. The California MTUS indicate that there should be documentation of objective functional improvement, an objective decrease in pain, pain assessment of current pain, least reported pain from the prior assessment, average pain and intensity of pain, how long the pain lasts and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The documentation did not address the "4 A's" to include analgesia, activities of daily living, adverse side effects, or aberrant drug taking behavior. The documentation did not address the ongoing pain management. The documentation did not indicate the frequency of the medication. Therefore, the request is not medically necessary.

**Naprosyn 500mg #60:** 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 NSAIDs Page(s): 70.

**Decision rationale:** The request for Naproxen 500 mg #60 is not medically necessary. The California MTUS guidelines recommend periodic lab monitoring of a chemistry profile (including liver and renal function tests). The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The documentation was not evident that the injured worker had had liver transaminases or chemistry profile performed within the 4 to 8 weeks after starting therapy. The documentation did not indicate the length of time the injured worker had been taking the medication. Additionally, frequency of the medication was not addressed. Therefore, the request is not medically necessary.

**Prilosec 20mg #30:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg # 30 is not medically necessary. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker

had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

**Flexeril 10mg #30:** 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 Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for Flexeril 10 mg #30 is not medically necessary. The California MTUS Guidelines recommend Flexeril for an option for short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that the shorter course may be better and treatment should be brief. The clinical notes were not evident of the length of time the injured worker had been taking the Flexeril. The request for the Flexeril 10 mg with refill for 30 tablets exceeds the guidelines for the recommended short term therapy. The documentation did not indicate any efficacy from the Flexeril. Additionally, the request did not address the frequency. Therefore, the request is not medically necessary.

**Voltaren Gel 1% 100gm:** 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): 111-113.

**Decision rationale:** The request for Voltaren gel 1% 100 gm is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Voltaren gel is indicated for the relief of osteoarthritis and joints that lend themselves to topical treatment ankles, elbow, foot, hand, knee, and wrist. There has not been an evaluation for the treatment of spine, hip or shoulder. The guidelines also indicate that transdermal compounds are largely experimental; therefore, they are not recommended. The clinical notes did not indicate the injured worker had a trial or failed antidepressants and anticonvulsants. Furthermore, the injured worker complained of left shoulder pain which Voltaren gel is not recommended for. Additionally, the request did not address the frequency. Therefore, the request is not medically necessary.

**Lidocaine Patch Q12h 1 Box:** 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): 111-113.

**Decision rationale:** The request for Lidocaine patch Q12H 1 box is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The documentation did not indicate that the injured worker had failed any antidepressant or anticonvulsant. The guidelines indicate that Lidocaine is recommended for neuropathic pain for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical Lidocaine in the formulation of dermal patch is designated as an orphan drug with FDA for neuropathic pain. The documentation was not evident that the injured worker had any neuropathic pain or that the injured worker had failed trials of anticonvulsant or antidepressant medications. Therefore, the request is not medically necessary.