

<b>Case Number:</b>	CM15-0133365		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 56 year old female who sustained an industrial injury on 10/30/2014. She reported cumulative trauma. The injured worker was diagnosed as having: Cervical spine sprain-strain; Rule out cervical disc protrusion; Thoracic sprain-strain; Lumbar sprain-strain; Rule out lumbar disc protrusion; Right shoulder sprain-strain; Rule out right shoulder internal derangement; Left knee sprain-strain; Rule out left knee internal derangement; Disruptions of 24 hour sleep-wake cycle; Anxiety; Depression. Treatment to date has included medications, and testing. Currently, the injured worker complains of constant neck pain that she rates as moderate to severe and described as an aching sharp pain when mild and progresses to an aching, sharp, throbbing, burning sensation with numbness and tingling radiating to the hands. The pain is associated with sudden or repetitive movement, lifting 10 lbs., looking, up, looking down, sitting and bending, and stooping. The thoracic spine has pain normally moderate to severe in the upper back. When exacerbated, it is described as aching, throbbing, and stabbing sensation. Medication helps decrease the pain as does therapy. The lumbar spine has constant low back pain rated mild to severe. When mild to moderate, it is sharp, stabbing, and progresses to sharp moderate-severe with pain radiating to the feet with numbness and weakness. The pain is exacerbated with sudden or repetitive movements, standing, sitting, bending, stooping or lifting 10 lbs. The pain is lessened with medication and chiropractic manipulation. The right shoulder pain is constant mild to moderate in severity. And also associated with a throbbing sharp right shoulder pain radiating to the right hand with numbness and weakness and associated with sudden or repetitive movement. The left knee pain is constant and rated as moderate to

severe. It is described as an aching becoming sharp moderate to severe with weakness. It is associated with sudden or repetitive movement, standing, walking and kneeling. Rest, therapy and medications relieve it. The worker also suffers from anxiety and loss of sleep. On examination, there is no bruising swelling, atrophy or lesions on the cervical spine. There is tenderness to palpation of the bilateral trapezi, c3-C4 spinous process, C4-C7 spinous process, cervical paravertebral muscles, and spinous process and sub occipitals. There is muscle spasm of the cervical paravertebral muscles. There is diminished rotation in all planes of the thoracic spine with tenderness to palpation of the bilateral trapezii, spinous process, T8-T12 spinous processes and thoracic paravertebral muscles. The lumbar spine has diminished range of motion in all planes. The right shoulder has tenderness to palpation of the acromioclavicular joint, anterior shoulder, inferior border of the scapula, lateral shoulder, medial boarder of the scapula, supraspinatus and trapezius. There is tenderness to palpation of the anterior knee, inferior boarder of the patella, lateral knee and medial knee. The treatment plan included a trial of acupuncture, medication refills and start of topical compounds, and re-request MRI of the cervical spine, lumbar spine, right shoulder, and left knee. A request for authorization was made for: 1. 1 container of Flurbiprofen ointment 180 grams; 2. 1 container of Gabapentin ointment 180 grams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 container of Flurbiprofen ointment 180 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in October 2014 and is being treated for pain throughout the spine and right shoulder and left knee pain. When seen, there was decreased spinal range of motion with tenderness and muscle spasms. There was neck pain with cervical compression. There was positive straight leg raising. There was decreased knee and shoulder range of motion with tenderness. McMurray testing was positive. Medications included Naprosyn. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This medication was not medically necessary.

#### **1 container of Gabapentin ointment 180 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work-related injury in October 2014 and is being treated for pain throughout the spine and right shoulder and left knee pain. When seen, there was decreased spinal range of motion with tenderness and muscle spasms. There was neck pain with cervical compression. There was positive straight leg raising. There was decreased knee and shoulder range of motion with tenderness. McMurray testing was positive. Medications included Naprosyn. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Naprosyn is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.