

<b>Case Number:</b>	CM15-0162282		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 is a 41 year old female with an industrial injury dated 02-14-2013. Her diagnoses included cervical sprain, cervical radiculopathy, right shoulder sprain, thoracic sprain; lumbar sprain and small partial thickness tear right shoulder. Prior treatment included medications and home exercise program. She was to begin physical therapy on 08-12-2015. She presents on 08/04/2015 with complaints of neck, right shoulder and lumbar spine pain. She rates the pain as 9 out of 10. With medications she rates the pain as 4 out of 10. She also complains of headaches and dizziness. Objective findings included stiffness and tightness noted at cervical paravertebrals and trapezius. Right rotation was somewhat restricted and painful. Cervical compression test and Spurling's test was negative. There was tenderness noted at the acromioclavicular joint and subacromial space of the right shoulder. Neer's and Hawkins were positive on the right side. There was tenderness noted at lumbar 4-5 and lumbar 5 - sacral 1 on deep palpation as well as bilateral posterior and superior iliac spine. The treatment request is for: Prilosec 20 mg #60, Motrin 800 mg #60, and Lenza patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lenza patch #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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113, 30 Lidoderm (lidocaine patch), p56-57 Page(s): 56-57, 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in February 2013 and is being treated for neck, low back, and right shoulder pain. Medications are referenced as decreasing pain from 9/10 to 4/10. When seen, there was slight pain when performing heel and toe walking. There was lumbar spine tenderness. There was slightly decreased lumbar extension with pain. There was medial knee joint line tenderness. There was acromioclavicular and subacromial tenderness. Lenza is a combination Lidocaine and Menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lenza was not medically necessary.

**Motrin 800 mg #60:** Overturned

**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, specific drug list & adverse effects, p68-73 Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in February 2013 and is being treated for neck, low back, and right shoulder pain. Medications are referenced as decreasing pain from 9/10 to 4/10. When seen, there was slight pain when performing heel and toe walking. There was lumbar spine tenderness. There was slightly decreased lumbar extension with pain. There was medial knee joint line tenderness. There was acromioclavicular and subacromial tenderness. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

**Prilosec 20 mg #60:** Overturned

**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, gastrointestinal symptoms & cardiovascular risk, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in February 2013 and is being treated for neck, low back, and right shoulder pain. Medications are referenced as decreasing pain from 9/10 to 4/10. When seen, there was slight pain when performing heel and toe walking. There was lumbar spine tenderness. There was slightly decreased lumbar extension with pain. There was medial knee joint line tenderness. There was acromioclavicular and subacromial tenderness. The assessment lists diagnostic codes which include gastritis. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take ibuprofen at the recommended dose and a diagnosis of gastritis is referenced by the requesting provider. The requested Prilosec (omeprazole) was medically necessary.