

<b>Case Number:</b>	CM15-0162779		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/22/2015
<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: California

Certification(s)/Specialty: Emergency Medicine

### 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 58 year old female, who sustained an industrial injury on 04-18-2007. She has reported injury to the neck and bilateral wrists and hands. The diagnoses have included cervical spine sprain-strain; cervical degenerative disc disease; cervical muscle spasm; thoracic spine sprain-strain; bilateral wrist sprain; bilateral hand pain; left carpometacarpal joint pain, rule out osteoarthritis, possible bilateral carpal tunnel syndrome; lumbar spine sprain-strain with atrophy of the left thigh, rule out L5-S1 radiculopathy; and lumbar degenerative disc disease and lumbar intervertebral disc displacement without myelopathy, bilateral. Treatment to date has included medications, diagnostics, activity restrictions, bracing, injections, epidural steroid injections, acupuncture, physical therapy, and home exercise program. Medications have included Norco, Naproxen, and topical compounded cream. A progress report from the treating physician, dated 07-13-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of cervical spine pain with right upper extremity radicular pain, numbness, and tingling; the pain is rated at 5 out of 10 in intensity; she is still pending scheduling of NCV (nerve conduction velocity), EMG (electromyography); thoracic spine and lumbar spine pain; the pain is rated at 5 out of 10 in intensity and radiates to the left lower extremity with numbness; pain in the bilateral wrists with numbness, tingling, and weakness; the pain is rated at 5 out of 10 in intensity; the acupuncture was helpful; trigger point injection was helpful for pain and muscle spasms; the home exercise program is helpful in reducing pain and improving function; function is mildly improved since the last examination; and the medications are helpful for pain and she is able to perform activities of daily living. Objective findings

included she presents in mild distress; exhibits difficulty with rising from sitting position; guarding of the bilateral wrists-hands; moves about with stiffness; tenderness and spasm to the left and right lumbar and lumbar-sacral regions; and there is decreased sensation at the left and right L5-S1 areas. The treatment plan has included the request for Norco 5-325mg Quantity: 60.00; Naproxen 550mg Quantity: 120.00; and Flurbi-menthol-caps-camph Quantity: 20.00.

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

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

**Norco 5/325mg Qty: 60.00: 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 Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86.

**Decision rationale:** The requested Norco 5/325mg Qty: 60.00, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has complains of cervical spine pain with right upper extremity radicular pain, numbness, and tingling; the pain is rated at 5 out of 10 in intensity. The treating physician has documented difficulty with rising from sitting position; guarding of the bilateral wrists-hands; moves about with stiffness; tenderness and spasm to the left and right lumbar and lumbar-sacral regions; and there is decreased sensation at the left and right L5-S1 areas. The treating physician has documented functional stability with this low-opiate load narcotic. The criteria noted above having been met, Norco 5/325mg Qty: 60.00 is medically necessary.

**Naproxen 550mg Qty: 120.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications.

**Decision rationale:** The requested Naproxen 550mg Qty: 120.00, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker

has complains of cervical spine pain with right upper extremity radicular pain, numbness, and tingling; the pain is rated at 5 out of 10 in intensity. The treating physician has documented difficulty with rising from sitting position; guarding of the bilateral wrists-hands; moves about with stiffness; tenderness and spasm to the left and right lumbar and lumbar-sacral regions; and there is decreased sensation at the left and right L5-S1 areas. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg Qty: 120.00 is not medically necessary.

**Flurbi-menthol - caps -camph Qty: 2.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111- 113, Topical Analgesics.

**Decision rationale:** The requested Flurbi-menthol - caps -camph Qty: 2.00, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009,Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants". The injured worker has complains of cervical spine pain with right upper extremity radicular pain, numbness, and tingling; the pain is rated at 5 out of 10 in intensity. The treating physician has documented difficulty with rising from sitting position; guarding of the bilateral wrists-hands; moves about with stiffness; tenderness and spasm to the left and right lumbar and lumbar-sacral regions; and there is decreased sensation at the left and right L5-S1 areas. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbi-menthol - caps -camph Qty: 2.00 is not medically necessary.