

<b>Case Number:</b>	CM15-0164856		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 50 year old female, who sustained an industrial injury on June 23, 2014. The injured worker reported injury to the neck, right elbow, and right shoulder secondary to repetitive work activities. The injured worker was diagnosed as having rule out cervical disc herniation, cervical strain, low-grade superior labrum anterior and posterior lesion per magnetic resonance imaging, right upper extremity numbness, rule out peripheral nerve entrapment versus cervical radiculopathy, right lateral elbow epicondylitis, carpal tunnel syndrome of the right wrist, and mild to moderate degenerative changes of the acromioclavicular joint with grade I to II down-sloping of the acromiion process per magnetic resonance imaging. Treatment and diagnostic studies to date has included magnetic resonance imaging, and medication regimen. In a progress note dated April 06, 2015 the treating physician noted the injured worker's medication regimen to include Flexeril, Naproxen, and Prilosec. The injured worker's pain level was rated a 5 to 6 out of 10 without the use of her medication regimen and rates the pain level a 1 to 2 out of 10 with the use of the injured worker's medication regimen. In a progress note dated June 22, 2015 the treating physician reports complaints of persistent, constant pain to the cervical spine that radiates to the right elbow. Examination reveals tenderness to the cervical spine, tenderness to the right shoulder, decreased range of motion to the right shoulder, and decreased strength to the right shoulder. The progress note did not indicate the injured worker's current medication regimen. The injured worker' pain level was rated a 4 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use

of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medication Naproxen 550mg with a quantity of 60, noting previous use of this medication. The treating physician also requested the topical cream of Flurbiprofen, Baclofen, and Lidocaine to decrease the injured worker's pain and increase her function. The treating physician requested twelve sessions of physical therapy for the cervical spine and the right shoulder at two times a week for six weeks, but the documentation did not indicate the specific reason for the requested therapy and did not indicate if the injured worker had any prior physical therapy.

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

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

#### **Physical Therapy x 12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Neck and Upper Back (Acute & Chronic), physical therapy (4) Shoulder (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in June 2014 and is being treated for persistent cervical spine pain radiating to the right elbow and right shoulder pain. Treatments have included medications and chiropractic care. When seen, her BMI was nearly 37. There was cervical spine tenderness with full range of motion. There was right shoulder tenderness with decreased external rotation and decreased strength. Authorization for 12 sessions of physical therapy was requested. In terms of physical therapy for a sprain of the neck or shoulder, guidelines recommend up to 10 treatment sessions over 8 weeks and partial concurrent care would be expected. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommendation or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.

#### **Naproxen, unspecified dosage and quantity: 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 Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in June 2014 and is being treated for persistent cervical spine pain radiating to the right elbow and right shoulder pain. Treatments

have included medications and chiropractic care. When seen, her BMI was nearly 37. There was cervical spine tenderness with full range of motion. There was right shoulder tenderness with decreased external rotation and decreased strength. Authorization for 12 sessions of physical therapy was requested. Naproxen was refilled at 550 mg two times per day #60. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and is medically necessary.

**Topical Cream: Flurbiprofen, Baclofen, Lidocaine:** 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, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in June 2014 and is being treated for persistent cervical spine pain radiating to the right elbow and right shoulder pain. Treatments have included medications and chiropractic care. When seen, her BMI was nearly 37. There was cervical spine tenderness with full range of motion. There was right shoulder tenderness with decreased external rotation and decreased strength. Authorization for 12 sessions of physical therapy was requested. Naproxen was refilled at 550 mg two times per day #60. Topical compounded cream was requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to 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 that could be considered. Oral Naprosyn was being prescribed and prescribing a topical NSAID would be duplicative. This medication is not medically necessary.