

<b>Case Number:</b>	CM15-0185595		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female, who sustained an industrial injury on 08-14-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for multilevel cervical discopathy with bilateral radiculopathy, bilateral shoulder impingement, bilateral upper extremity overuse tendinopathy with possible carpal tunnel syndrome, lumbar spine strain, and significant cervical disc herniation syndrome with bilateral upper extremity C4-5 and C5-6 radiculopathy. Medical records (03-19-2015 to 08-21-2015) indicate ongoing aching and burning pain to the neck which was rated 8 out of 10 on a visual analog scale (VAS) in severity; aching and burning pain in the shoulders with numbness and rated 7 out of 10 in severity; aching burning pain with numbness in the arms which was rated 4 out of 10 in severity; aching burning pain in the upper back with numbness and pin-and-needles sensation which was rated 7 out of 10 in severity; and aching and burning pain in the bilateral wrist with numbness and pin-and-needles sensation in the fingers bilaterally and rated 4 out of 10 in severity. The progress reports show evidence of increasing pain levels in the bilateral arms and wrist with increased pain levels rated 7 out of 10. Records indicated no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-21-2015, revealed no changes in review of systems and no acute findings during the general exam; however, there was reported gastrointestinal problems secondary to use of Motrin, noted tenderness to palpation over the midline of the cervical spine with spasms and tightness in the paracervical musculature, reduced range of motion (without specific degrees), pain with overhead reaching, difficulty with bilateral rotation and chin to chest

flexion, and decreased C6 and C7 nerve sensation bilaterally with some mild hypersensitivity. Relevant treatments have included acupuncture with no benefit, cervical epidural steroid injections (12-2014) with greater than 80% overall improvement, trigger point injections, work restrictions, and oral pain medications (ibuprofen). The request for authorization (08-21-2015) shows that the following medications and service were requested: internal medicine consultation, diclofenac sodium XR 100mg #60 (1 by mouth twice daily as needed) with one refill, and 25% flurbiprofen, 10% menthol, 3% camphor, 0.0375% capsaicin 120gm tube (apply a thin layer to affected area twice daily as directed by physician). The original utilization review (09-14-2015) non-certified the request for internal medicine consultation, diclofenac sodium XR 100mg #60 with one refill, and 25% flurbiprofen, 10% menthol, 3% camphor, 0.0375% capsaicin 120gm tube.

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

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

**Internal medicine consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

**Decision rationale:** Submitted reports have not demonstrated any specific complicated GI diagnoses indicative of an internal medicine consultation to treat for heartburn complaints. There are no identifying GI clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. Current review does not recommend further use of NSAID in light of unspecified GI issue and for lack of demonstrated functional benefit from its previous use. The Internal medicine consultation is not medically necessary or appropriate.

**Diclofenac sodium XR 100mg #60, 1 po bid prn with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and

increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2013 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered especially in light of unspecified gastrointestinal complaints from Motrin. The Diclofenac sodium XR 100mg #60, 1 po bid prn with one refill is not medically necessary or appropriate.

**Flurbiprofen/menthol/camphor/capsaicin 25/10/3/0.0375% 120 gm tube to apply a thin layer to affected area twice daily as directed by physician: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and capsaicin over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed multiple concurrent anti-inflammatories, Motrin, Diclofenac and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of Capsaicin medication for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen/menthol/camphor/capsaicin 25/10/3/0.0375% 120 gm tube to apply a thin layer to affected area twice daily as directed by physician is not medically necessary or appropriate.