

<b>Case Number:</b>	CM15-0027411		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/04/2008
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: New York  
 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 64-year old male who has reported neck, shoulder, hip, and knee pain after an injury on 08/04/2008. The diagnoses have included right-sided cervical radiculitis; right shoulder joint derangement; right knee tendinopathy, pelvic fracture; and myofascial pain. Treatment to date has included medications, TENS, and shoulder surgery. Medications have included Ibuprofen, Cyclobenzaprine, Tramadol, Fenoprofen, and Mentherm Gel. The periodic, monthly reports from the primary treating physician document ongoing multifocal pain, multiple medications, unemployed and "off work" status, as well as partial pain relief with all treatments. None of the reports adequately address functional improvement resulting from any treatment and the actual pattern of use for any medication. Blood pressures have been elevated and not specifically addressed. NSAIDs have been prescribed/dispensed in quantities which significantly exceed the maximum daily dose recommendations. Per a PR2 of 01/30/2015, there was right shoulder, head, neck, knee, and hip pain. Medications and TENS are helpful for pain control. The treatment plan included the medications now under Independent Medical Review, TENS, MRIs, ENT consult, and off work. Naproxen was to be used only while waiting for ibuprofen, and not to be taken together. Per the PR2 of 2/27/15, there was shoulder and knee pain. Ibuprofen gave better pain relief than other NSAIDs. GI issues were present with NSAIDs. TENS helped pain. LidoPro helped all painful areas. The injured worker was unemployed. Multifocal tenderness was present. The treatment plan included a trial of stopping NSAIDs and omeprazole, TENS, Lidopro, gabapentin for cervical radiculopathy confirmed by electrodiagnostic testing, cyclobenzaprine, MRIs, ENT consult, and off work. On 02/06/2015

Utilization Review non-certified Ibuprofen 800 mg Qty 80; Naproxen 550 mg Qty 60; Omeprazole 20 mg Qty 60; TENS patches Qty 2; and Lidopro Cream. The MTUS was cited.

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

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

#### **Ibuprofen 800mg Qty 80: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 68, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show specific functional benefit. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The elevated blood pressures were not addressed, and not discussed in the context of taking NSAIDs. The patient injured worker remains "temporarily totally disabled", indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment to date. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS states that NSAIDs for arthritis are "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. The treating physician has been giving this injured worker NSAIDs chronically, with the apparent assumption that they will be taken daily. The current quantity of naproxen is 60 and of ibuprofen is 80. On 1/2/15 #60 of naproxen was prescribed. Thus the injured worker is being given quantities of NSAIDs which exceed the maximum recommended daily doses. The information in the records does not show sufficient benefit or sufficient monitoring of toxicity. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

#### **Naproxen 550mg Qty 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain,

Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 68, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show specific functional benefit. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The elevated blood pressures were not addressed, and not discussed in the context of taking NSAIDs. The patient injured worker remains "temporarily totally disabled", indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment to date. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS states that NSAIDs for arthritis are "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. The treating physician has been giving this injured worker NSAIDs chronically, with the apparent assumption that they will be taken daily. The current quantity of naproxen is 60 and of ibuprofen is 80. On 1/2/15 #60 of naproxen was prescribed. Thus the injured worker is being given quantities of NSAIDs which exceed the maximum recommended daily doses. The information in the records does not show sufficient benefit or sufficient monitoring of toxicity. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

**Omeprazole 20mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs ,GI symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The description of GI symptoms is minimal and not adequately investigated. The treating physician is dispensing excessive quantities and doses of NSAIDs to this injured worker. Administration of a PPI is not the antidote for this practice. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is

not medically necessary based on lack of medical necessity, lack of sufficient clinical evaluation, and risk of toxicity.

**Tens Patches Qty 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-117.

**Decision rationale:** No physician reports address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary.

**Lidopro Cream:** Upheld

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

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

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include capsaicin, lidocaine, menthol, and methyl salicylate. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death, particularly when used over large body areas as appears to be the case here. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is

only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol and camphor are not discussed specifically in the MTUS. Topical salicylates have some support in the MTUS but this compound has other ingredients which are not recommended. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.