

<b>Case Number:</b>	CM15-0210109		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	12/10/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 64 year old male, who sustained an industrial injury on 12-10-14. He reported pain in the head, neck, back, left arm, left shoulder, and left leg. The injured worker was diagnosed as having post-concussion syndrome with headache and dizziness, cervical sprain and strain, cervical myofascitis, cervical disc protrusion with nerve root compromise at C6-7, bilateral saphenous sensory nerves peripheral neuropathy, thoracic sprain and strain, thoracic myofascitis, lumbosacral sprain and strain, lumbar muscle spasm, lumbar disc protrusion with annular tear at L4-5 and bilateral nerve root compromise at L1-5, left shoulder sprain and strain, left shoulder impingement syndrome, left shoulder adhesive tendonitis, and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, a home exercise program, acupuncture, aquatic therapy, and chiropractic treatment. Physical exam findings on 9-25-15 included decreased and painful cervical range of motion. Muscle spasm of the cervical paravertebral and bilateral trapezii muscles was noted. Cervical compression and shoulder depression caused pain. Thoracic ranges of motion were decreased and painful with muscle spasm of the thoracic paravertebral muscles. Lumbar ranges of motion were decreased and painful with muscle spasm of the lumbar paravertebral muscles and bilateral gluteus. A straight leg raise test and Kemp's test caused pain. Left shoulder range of motion was decreased and painful with tenderness to palpation of the anterior and lateral shoulder with muscle spasm. Hawkin's test caused pain. On 9-25-15, the injured worker complained of neck pain with radiation to the left shoulder rated as 9 of 10, upper back pain rated as 8 of 10, and low back pain

rated as 8 of 10. The treating physician requested authorization for Ibuprofen 500mg and Ativan patches. On 10-20-15 the requests were non-certified by utilization review.

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

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

**Ibuprofen 500 mg (qty not known): 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): Anti-inflammatory medications.

**Decision rationale:** Based on the 8/25/15 progress report provided by the treating physician, this patient presents with intermittent, moderate, and sharp headache rated 6/10, constant, sharp neck pain radiating to left arm rated 8/10, constant, severe mid/back pain radiating to low back rated 7/10, constant burning low back pain radiating to left leg with cramping rated 8/10, and constant sharp left shoulder pain radiating to the arm rated 8/10. The treater has asked for Ibuprofen 500 MG (Qty unknown) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. A shoulder MRI of unspecified date revealed AC joint osteoarthritis, subchondral cyst, and calcific supraspinatus tendinosis without evidence of rotator cuff tear per 7/28/15 report. The patient is s/p 6 chiropractic treatments, work restrictions, X-rays, and pain medication per 7/28/15 report. The patient is currently taking Norco as of 8/18/15 report. The patient is to remain off work until 10/9/15 according to 8/25/15 report. MTUS, Anti-inflammatory medications Section, pg 22 states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The treater does not discuss this request in the reports provided. Review of provided medical records show the patient was prescribed Ketoprofen per 12/15/14 report, and switched to Naprosyn as of 4/2/15 report. The patient is no longer on NSAID therapy as of 8/18/15 report, so the current request appears to be an initiating prescription of Ibuprofen. However, utilization review letter dated 10/20/15 denies the request as the quantity is not specified and an open-ended prescription would not be considered appropriate. Given the lack of specificity of this prescription for Ibuprofen, the request is not medically necessary.

**Ativan patches (qty unknown): 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): Topical Analgesics.

**Decision rationale:** Based on the 8/25/15 progress report provided by the treating physician, this patient presents with intermittent, moderate, and sharp headache rated 6/10, constant, sharp neck pain radiating to left arm rated 8/10, constant, severe mid/back pain radiating to low back rated 7/10, constant burning low back pain radiating to left leg with cramping rated 8/10, and constant sharp left shoulder pain radiating to the arm rated 8/10. The treater has asked for Ativan [Avalin] patches (Qty unknown) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. A shoulder MRI of unspecified date revealed AC joint osteoarthritis, subchondral cyst, and calcific supraspinatus tendinosis without evidence of rotator cuff tear per 7/28/15 report. The patient is s/p 6 chiropractic treatments, work restrictions, X-rays, and pain medication per 7/28/15 report. The patient is currently taking Norco as of 8/18/15 report. The patient is to remain off work until 10/9/15 according to 8/25/15 report. MTUS, Topical Analgesics section, page 112 has the following under Lidocaine Indication: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain. MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treater does not discuss this request in the reports provided. Utilization review letter dated 10/20/15 denies request due to lack of documentation of localized peripheral neuropathic pain, and as the request does not specify quantity. The prescription for Avalin, which is a transdermal patch which combines lidocaine and menthol, is not supported by MTUS for this patient's chief complaint. This patient presents with neck pain, back pain, and shoulder pain, with no documentation of a localized neuropathic pain amenable to topical Lidocaine. Therefore, the request is not medically necessary.