

<b>Case Number:</b>	CM15-0046796		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/03/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old [REDACTED] beneficiary who has filed a claim for chronic elbow, shoulder, and forearm pain reportedly associated with an industrial injury of December 3, 2006. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for ketoprofen, Lidoderm, Percocet, and Motrin. The claims administrator referenced a December 4, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported ongoing complaints of elbow, forearm, and thigh pain. The applicant had alleged issues with chronic elbow pain status post earlier biceps tendon rupture repair surgery, ulnar neuropathy, and postherpetic neuralgia. The applicant was on Percocet for pain control, Lidoderm for neuropathic pain complaints, Motrin for inflammation, Restoril for insomnia. The applicant was asked to return to regular duty work, it was stated at the bottom of the report. In a progress note dated January 29, 2015, the applicant reported ongoing complaints of neuropathic pain about the elbow status post earlier biceps tendon repair surgery and postherpetic neuralgia about the leg. The applicant was given Percocet. The attending provider stated that the applicant denied any side effects with Percocet, was apparently deriving appropriate analgesia for the same and was working on a fulltime basis. In an earlier note dated January 8, 2015, the applicant was given refills of Lidoderm, Motrin, Restoril, and Voltaren gel. Once again, the applicant was returned to regular duty work. The applicant was again encouraged to perform home exercise. The applicant did exhibit a normal gait.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Usage with 2 refills of Ketoprofen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for ketoprofen was medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the attending provider failed to furnish a clear, compelling, or cogent rationale for concurrent usage of two separate oral anti-inflammatory medications, Motrin and ketoprofen. Therefore, the request was not medically necessary.

### **Usage with 2 refills of Lidoderm Patch:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Conversely, the request for topical lidocaine was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain and neuropathic pain in applicant's in whom there has been a trial of first line therapy of antidepressants and/or anticonvulsants. Here, the request in question represents a renewal request for Lidoderm patches. The applicant had localized peripheral pain/neuropathic pain about the thigh and elbow, i.e., relatively small areas which were amenable to topical application. The applicant had demonstrated a favorable response to previously usage of Lidoderm patches as evinced by his return to and/or maintenance of full-time work status with the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

### **Usage with 2 refills of Percocet:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Percocet, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has returned to and/or maintained fulltime work status with ongoing Percocet usage, the treating provider has maintained. Ongoing usage of Percocet facilitated the applicant's ability to perform home exercises, the treating provider noted on several progress notes of early 2015. The treating provider also suggested that the applicant was deriving appropriate analgesia with ongoing Percocet usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Usage with 2 refills of Motrin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Finally, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of applicant specific variables such as "other medications" into his choice of recommendations. Here, the attending provider did not, however, furnish a clear, compelling, or cogent applicant-specific rationale for concurrent usage of two separate oral NSAIDs, Motrin and ketoprofen. Therefore, the request was not medically necessary.