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| <b>Case Number:</b>   | CM15-0054881 |                              |            |
| <b>Date Assigned:</b> | 03/30/2015   | <b>Date of Injury:</b>       | 01/17/2012 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 03/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/23/2015 |

### 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, Hawaii  
 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 male who sustained an industrial injury on January 17, 2012. He has reported injury of the neck, bilateral shoulders, and bilateral elbow/wrists/forearm/and hands and has been diagnosed with cervical spine pain, disc bulges central canal stenosis, bilateral upper extremity radiculopathy, degenerative disc disease, mild spondylosis, status post right shoulder arthroscopic surgery with debridement, synovectomy, slap repair, decompression, partial acromioplasty, bursectomy, synovectomy, and claviclectomy. Treatment has included surgery, medications, and injections. Currently the injured worker complains of pain in the neck, bilateral shoulders, and bilateral arms. The treatment request included flurbiprofen and ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% in lipoderm base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with chronic tightness, numbness and tingling to the bilateral hands and fingers; chronic bilateral shoulder pain with recurrent swelling, coldness, tingling and numbness in this bilateral elbows, wrists, forearms and hands anytime he walks with his arms down. The current request is for Flurbiprofen 25% in lipoderm base. The UR dated 3/5/15 (17A) indicated that on 1/9/15 the patient presented for a follow-up evaluation where he reported that he was taking his medications as prescribed and that they had been helping with pain, spasm and constipation. He was then prescribed flurbiprofen lipoderm twice daily on an as needed basis. MTUS Guidelines do not support the usage of Flurbiprofen 25% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with shoulder pain and radicular pain for which topical NSAID is not indicated. Therefore, the request is not medically necessary.

**Ultram (Tramadol HCl) 50mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with chronic tightness, numbness and tingling to the bilateral hands and fingers; chronic bilateral shoulder pain with recurrent swelling, coldness, tingling and numbness in this bilateral elbows, wrists, forearms and hands anytime he walks with his arms down. The current request is for Ultram (Tramadol HCl) 50mg #60 with 1 refill. The UR dated 3/5/15 (17A) indicated that on 1/9/15 the patient presented for a follow-up evaluation where he reported that he was taking his medications as prescribed and that they had been helping with pain, spasm and constipation. He was then prescribed Ultram 50 mg twice daily on an as needed basis. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, no documentation was provided for review that discussed analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based on the clinical records provided, the current request is not medically necessary and thus recommendation is for denial.