

<b>Case Number:</b>	CM15-0088555		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 41 year old male, who sustained an industrial injury on 1/15/15. He reported a left shoulder and arm injury following a fall. The injured worker was diagnosed as having cervical sprain/strain, lumbar sprain/strain and lumbosacral radiculopathy. Treatment to date has included oral pain medications including opioids and anti-inflammatory medications, left arm sling, physical therapy. (MRI) magnetic resonance imaging of left shoulder was performed and revealed a minimally displaced fracture and superior labral tear. Currently, the injured worker complains of pain in neck, low back, left shoulder, left elbow and left rib area. The injured worker is on temporary total disability currently. Physical exam noted loss of range of motion. The treatment plan included prescriptions for LidoPro topical ointment, Prevacid, Voltaren and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro topical pain relief ointment 121gm with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Lidocaine; Menthol; Salicylate topicals.

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

**Decision rationale:** According to the 04/08/2015 report, this patient presents with cervical, lumbar, left shoulder, left elbow, and left rib cage pain. The current request is for Lidopro topical pain relief ointment 121gm with five refills. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. The request for authorization is not included in the file for review. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request IS NOT medically necessary.

**Prevacid 30mg quantity 60 with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

**Decision rationale:** According to the 04/08/2015 report, this patient presents with cervical, lumbar, left shoulder, left elbow, and left rib cage pain. The current request is for Prevacid 30mg quantity 60 with five refills and this medication (proton pump inhibitors) was first noted in the 03/13/2015 report. The request for authorization is not included in the file for review. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 1. age > 65 years; 2. history of peptic ulcer, GI bleeding or perforation; 3. concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4. high dose/multiple NSAID -e.g., NSAID + low-dose ASA." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Voltaren and has a history of gastroesophageal reflux disease. However, the treating physician does not provide discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The patient is not over 65 years old; no other risk factors are present and there is no documentation of functional benefit from this medication or pain relief as required by the MTUS guidelines on page 60. Therefore, the request IS NOT medically necessary.

**Voltaren 100mg quantity 60 with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Diclofenac (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines, Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications non-steroidal anti-inflammatory drugs Medications for chronic pain Page(s): 22, 60, 67-68.

**Decision rationale:** According to the 04/08/2015 report, this patient presents with cervical, lumbar, left shoulder, left elbow, and left rib cage pain. The current request is for Voltaren 100mg quantity 60 with five refills. The request for authorization is not included in the file for review. The MTUS Guidelines page 22 reveal the following regarding NSAIDs, "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." ODG guidelines specifically states under Pain chapter, Diclofenac, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib." In reviewing the provided reports, Voltaren first noted in the 03/10/2015 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. Furthermore, the updated ODG guidelines do not recommend use of this medication due to its high risk profile. The request IS NOT medically necessary.

**Ultram Extended Release 150mg quantity 60 with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60.

**Decision rationale:** According to the 04/08/2015 report, this patient presents with cervical, lumbar, left shoulder, left elbow, and left rib cage pain. The current request is for Ultram Extended Release 150mg quantity 60 with five refills. This medication (an opioids) was first mentioned in the 03/10/2015 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. 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 reviewing the provided reports, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 As as required by MTUS. Therefore, the request IS NOT medically necessary.