

<b>Case Number:</b>	CM15-0089900		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 60-year-old female, with a reported date of injury of 12/20/2012. The diagnoses include anxiety, chronic constipation, depression, ongoing complex regional pain syndrome of the right upper extremity, chronic pain, status post right shoulder arthroscopy, right hand/wrist crush injury, status post right hand surgery, rule out post-traumatic stress disorder, and status post right shoulder surgery. Treatments to date have included oral medications, a transcutaneous electrical nerve stimulation (TENS) unit, an MRI of the right shoulder on 04/15/2014, an MRI of the right hand on 04/29/2013, and Toradol/B12 injection. The pain medicine re-evaluation dated 03/27/2015 indicates that the injured worker complained of neck pain, with radiation down the right upper extremity; right hand pain; ongoing headaches; and right-sided facial pain. The pain was rated 6 out of 10 on average with medications since the last visit; and rated 8 out of 10 on average without medications since the last visit. The injured worker's pain was reported as unchanged since her last visit. She reported the constipation as mild. It was also reported that the injured worker had anxiety and depression. There were ongoing limitations with her activities of daily living. The injured worker stated that the use of the TENS unit, anti-seizure medications, H2-blocker medication, opioid pain medication was helpful; and there was moderate improvement due to therapy; and that there was functional improvement. The physical examination showed tenderness in the cervical spine at C5-7; a tender mass in the posterior right hand; tenderness on palpation at the right scapula, right long head biceps, right rotator cuff, right acromioclavicular joint, right anterior shoulder, right posterior shoulder, the right shoulder, and right hand; severe swelling in the right wrist; inability

to make a full fist in the right hand; decreased range of motion of the right shoulder due to pain; decreased right wrist range of motion due to pain; and hypersensitivity in the right upper extremity. Treatment goals and objectives were developed with the injured worker. A CURES report was obtained and reviewed with the injured worker, and there were no inconsistencies noted. The treating physician requested Lidocaine HCL 2% ointment, Enovarx-Ibuprofen 10% ointment, and Clorazepate 7.5mg #30.

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

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

**Clorazepate 7.5 mg Qty 30 with 0 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient has insomnia. Therefore, the prescription of Clorazepate 7.5 mg Qty 30 with 0 refills is not medically necessary.

**Enovarx-Ibuprofen 10% ointment, with 0 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Food & Drug Administration): Topical NSAIDs (non steroidal anti inflammatory drugs).

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains ibuprofen a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Enovarx-Ibuprofen 10% ointment, with 0 refills is not medically necessary.

**Lidocaine HCL (hydrochloride) 2% ointment with 0 refills: Upheld**

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed topical analgesic contains lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Lidocaine HCL (hydrochloride) 2% ointment with 0 refills is not medically necessary.