

<b>Case Number:</b>	CM14-0212720		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 (IW) is a 62-year-old woman with a date of injury of January 1, 2004. The mechanism of injury occurred when she hurt her neck while assisting a combative patient. The injured worker's working diagnoses are comprehensive injury of the right brachial plexus secondary to overuse syndrome; and adhesive capsulitis of the left shoulder. Pursuant to the progress note dated December 11, 2014, the IW complains of severe pain in the left shoulder that has been associated with severe muscle spasms of the neck muscles and occipital headaches. The headaches compromise her sleep. The neck pain radiates into her right hand that has been associated with weakness and numbness sensation of the right hand. Objectively, the IW has a positive Tinel's sign in the region of the right brachial plexus. The Adson and the Roos testing including the brachial plexus stress testing were positive on the right side. There is atrophy in the left supraspinatus, infraspinatus, pectoralis major, and the deltoid muscles on the left causing weakness in the shoulder muscles. There is also increased pain with internal and external rotations on the left shoulder joint. Current medications include OxyContin 20mg, Flector patch, Arthrotec 50mg, Ambien CR 12.5mg, Soma 350mg, and Cymbalta 30mg. The IW has been taking OxyContin and Flector patch as far back as October 11, 2011, according to documentation in a QME dated April 15, 2014. There are no detailed pain assessments of evidence of objective functional improvement associated with the ongoing use of OxyContin and Flector. Arthrotec first appears in the December 11, 2014 as a refill. It is unclear as to the start date of Arthrotec due to lack of documentation. There was no evidence of objective functional improvement

associated with the ongoing use of Arthrotec. The current request is for OxyContin 20mg #30, Arthrotec 50mg #60, and Flector patch (no quantity noted for patches).

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

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

**Oxycontin 20mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 20 mg #60 is not medically necessary. Ongoing, chronic opiate use requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting these goals. In this case, the injured worker's working diagnoses are compressive injury of the right brachial plexus secondary to overuse syndrome; and adhesive capsulitis of the left shoulder. The documentation shows the injured worker has been on OxyContin as far back as 2011. OxyContin has been refilled on regular basis. The documentation does not contain evidence of objective functional improvement. There are no pain assessments in the medical record. Consequently, absent clinical documentation to support the ongoing use of OxyContin and evidence of objective functional improvement, OxyContin 20 mg # 60 is not medically necessary.

**Arthrotec 50mg QTY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Arthrotec

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Arthrotec 50 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Arthrotec is a combination drug with diclofenac and Misoprostol. Misoprostol is a synthetic prostaglandin analog used to prevent gastric ulcers. Prostaglandin inhibitors are used in patients taking non-steroidal anti-inflammatory's that are at risk for certain

gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or corticosteroids; or high dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are compressive injury of the right brachial plexus secondary to overuse syndrome; and adhesive capsulitis of the left shoulder. The injured worker does not have any comorbid conditions or risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use etc. The documentation shows the injured worker was refilling Arthrotec December 11, 2014. There is no documentation of objective functional improvement in the record regarding its use and the start date is unclear based on the documentation. Consequently, absent clinical documentation of gastrointestinal risk factors for clinical facts to support Arthrotec, Arthrotec 50 mg #60 is not medically necessary.

**Flector patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch is not medically necessary. Topical analgesics are largely experimental the few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector patch is indicated for acute sprains, strains and contusions posted entry. In this case, the injured worker's working diagnoses are compressive injury of the right brachial plexus secondary to overuse syndrome; and adhesive capsulitis of the left shoulder. The documentation shows Flector patch has been used as far back as October 11, 2011. The documentation does not contain evidence of objective functional improvement and the indication is not documented in medical record. The guidelines indicate Flector is indicated for acute sprains and strains. The date of injury is January 1, 2004. A 10 year old injury prior does not have injuries compatible with "acute" sprains and strains. Consequently, absent clinical documentation to support the ongoing use of Flector, evidence of objective functional improvement and the appropriate clinical indications, Flector patch is not medically necessary.