

<b>Case Number:</b>	CM15-0110322		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Arizona, Michigan

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 injured worker is a 49-year-old female who sustained an industrial injury on 06/23/2014. Current diagnoses include cervical spine sprain/strain, right shoulder impingement, and bilateral wrist sprain/strain. Previous treatments included medications, home exercises, and home EMS. Previous diagnostic studies include an EMG/NCS dated 02/04/2015. Report dated 04/28/2015 noted that the injured worker presented with complaints that included cervical spine pain bilateral shoulder pain, and bilateral wrist pain. Pain level was 7-8 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the cervical spine with spasm, decreased range of motion, and positive axial compression, left shoulder tenderness, positive impingement, and decreased range of motion, and bilateral wrist tenderness, positive Tinel's, and decreased range of motion. The treatment plan included awaiting authorization for cervical epidural injection, proceed with depo 05/14/2015, request for left shoulder diagnostic ultrasound and bilateral wrist ultrasound to rule out internal derangement. The injured worker is temporarily disabled for 4-6 weeks. The treating provider indicated that the injured worker has failed a trial of NSAIDs and acetaminophen, and has now prescribed Norco for treatment of chronic pain syndrome. Prilosec is being prescribed for gastritis/GI prophylaxis. Fexmid is prescribed for treatment of spasms to resume activity and function. Ativan is being prescribed for improved sleep and has failed behavioral techniques. Capsasin cream is prescribed for treatment of tendinitis. Of note some of this report was hard to decipher. Disputed treatments include 60 grams of Capsaicin cream 0.025%, 60 Fexmid 7.5mg, 90 Norco 10/325mg, 30 Ativan 2mg, 30 Prilosec 20mg, and one ultrasound of the left shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**60 grams of Capsaicin cream 0.025%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

**Decision rationale:** The California MTUS guidelines for Capsaicin, "recommend as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." The medical records submitted do not include prior treatments that the injured worker may be intolerant to. Therefore, the request for 60 grams of Capsaicin cream 0.025% is not medically necessary.

**60 Fexmid 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Fexmid is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed Fexmid since at least 04/17/2015, there is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. Therefore, the request for 60 Fexmid 7.5mg is not medically necessary.

**90 Norco 10/325mg:** Overturned

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

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

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The treating

provider indicated that the injured worker has failed a trial of NSAIDs and acetaminophen, and has now prescribed Norco for treatment of chronic pain syndrome. Therefore, the request for 90 Norco 10/325mg is medically necessary.

### **30 Ativan 2mg: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Insomnia treatment; Lorazepam (2015).

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

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of benzodiazepines. They are not recommended for long-term use, as the efficacy is not proven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Ativan is prescribed to treat anxiety, anxiety with depression, and insomnia (trouble sleeping). The medical records submitted for review do not support a diagnosis of anxiety, depression, or insomnia. Although the prescribing physician documented that Ativan is being prescribed for improved sleep and has failed behavioral techniques. Therefore the request for 30 Ativan 2mg is medically necessary.

### **30 Prilosec 20mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. AM J Gastroenterol. 2013 Mar; 108(3): 308-28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The documentation provided did not indicate that the injured worker had gastrointestinal complaints; the prescribing physician indicated that Prilosec is being prescribed for gastritis/GI prophylaxis; however, the injured

worker does not appear to be at increased risk for a gastrointestinal event. Therefore, the request for 30 Prilosec 20mg is not medically necessary.

**One ultrasound of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** Per the MTUS/ ACOEM "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery." Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." A review of the injured workers medical records that are available to me do not reveal that the injured worker meets the criteria for imaging at this time, therefore the request for One ultrasound of the left shoulder is not medically necessary.