

<b>Case Number:</b>	CM15-0128336		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on December 12, 2011. Treatment to date has included diagnostic imaging, TENS unit, work restrictions, medications, right shoulder arthroscopy, orthotics and ice-heat therapy. Currently, the injured worker complains of headaches, forgetfulness, right shoulder pain, low back pain, neck pain, thoracic spine pain, left knee pain, left shoulder pain and left ankle pain. He reports that he has headaches about two to four times per week. He reports continued right shoulder pain status post right shoulder arthroscopy in May, 2012 and has painful popping and aching. He reports that he has left shoulder pain used in compensation for the right shoulder injury. His low back pain radiates to the buttock area, posterior thigh and upper thigh area. He reports that his low back pain is increased with prolonged sitting, walking or repetitive bending and he cannot lie flat on his back due to pain. His neck pain is increased with prolonged neck positioning or strenuous activities and radiates to the right shoulder scapular area. His thoracic spine pain is intermittent in nature and usually associated with his neck pain. He notes that his left knee pain is due to chronicity of the right knee pain and is increased with kneeling, squatting or prolonged walking. The injured worker reports that his pain level is rated a 5 on a 10-point scale with medications and a 9 on a 10-point scale without medications. His medications help with his ability to perform activities of daily living. On physical examination the injured worker exhibits a mildly antalgic gait due to bilateral knee pain. He has muscle spasm-tightness and tenderness to palpation over the cervical spine, the thoracic spine and lumbar spine. His cervical and lumbar spine ranges of motion were limited and he had a positive straight leg raise test on the left. His right shoulder

had a mildly positive impingement sign and his left shoulder range of motion produced painful popping and decreased range of motion. Examination of his bilateral knees revealed slight swelling and tenderness to palpation over the peripatellar region of each knee and each knee had a limited range of motion. The diagnoses associated with the request include posttraumatic head syndrome with headaches, right shoulder rotator cuff tear, lumbar strain with intermittent lumbar radicular symptoms, thoracic strain, left knee strain, cervical spine strain, and pain of the left shoulder, the right knee and the right ankle. The treatment plan includes continuation of TENS unit and ice-heat therapy, orthopedic consultation for the left knee and bilateral shoulders, MRI of the left knee, Mentherm topical cream, Ibuprofen, Norco, Pamelor, Promolaxin, Lunesta, and Prilosec for GERD symptomatology.

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

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

**Salonpas patch (methyl salicylate 10% and menthol 3%): 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Salonpas contains a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs for which the claimant was on Ibuprofen. The Salonpas is not medically necessary.

**Ibuprofen 800mg quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Ibuprofen in combination with topical NSAIDs and Norco for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.

**Norco 10/325mg quantity 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no mention of Tylenol or Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.