

<b>Case Number:</b>	CM15-0128619		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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:

This 60-year-old female sustained an industrial injury to bilateral upper extremities, shoulders and neck on 3/17/18. Electromyography bilateral upper extremities (11/2/11) revealed bilateral carpal tunnel syndrome and cubital tunnel syndrome. Right shoulder magnetic resonance imaging (5/30/14) showed supraspinatus tendinitis. Recent treatment included psychiatric care, splinting, physical therapy and medications. Magnetic resonance imaging left shoulder (12/1/09) showed a minimal partial thickness tear of supraspinatus and infraspinatus with acromial joint arthropathy and bursitis. Cervical spine magnetic resonance imaging (12/1/09) showed osteophytes causing mild foramen compromise. In a PR-2 dated 5/19/15, the injured worker complained of chronic bilateral shoulder, arm, elbow and wrist pain, rated 2-7/10 on the visual analog scale, as well as poor tolerance to static postures and prolonged repetitive activities. The injured worker reported that current analgesics minimized her symptoms but were not optimal. The injured worker stated that her left shoulder pain was progressively worsening with constant pain. The injured worker could not lean on the left side during sleep and found it difficult to endure driving. The injured worker stated that the majority of her Lidoderm patches were used on the left shoulder. Current diagnoses included bilateral rotator cuff symptoms, De Quervain's tendonitis, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, cervicgia, left shoulder surgery (11/9/10), gastroesophageal reflux disease and depression. The treatment plan included physical therapy, bilateral wrist splints at night, continuing psychiatric care, continuing to wean Hydromorphone and using topical compound creams (Flurbiprofen 20%, Lidocaine 2% cream 4mg and Cyclobenzaprine 10%, Lidocaine 5% cream 4mg).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound Flurbiprofen 20%, Lidocaine 2% cream 4mg:** Upheld

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

**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. There 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. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. In addition, the patient reported that current analgesics minimized her symptoms but were not optimal. The injured worker stated that her left shoulder pain was progressively worsening with constant pain. Based on the above, the request for Topical compound Flurbiprofen 20%, Lidocaine 2% cream 4mg is not medically necessary.

**Topical compound Cyclobenzaprine 10%, Lidocaine 5% cream 4mg:** Upheld

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

**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. There 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. There is no evidence that cyclobenzaprine or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. cyclobenzaprine, a topical analgesic is not recommended by MTUS guidelines. In addition, the patient reported that current analgesics minimized her symptoms but were not optimal. The injured worker stated that her left shoulder pain was progressively worsening with constant pain. Based on the above, the request for Topical compound Cyclobenzaprine 10%, Lidocaine 5% cream 4mg is not medically necessary.

## **Hydromorphone 2mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence and documentation form the patient's file, for a need for more narcotic medications. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no evidence of pain breakthrough. There is no clear documentation of the efficacy/safety of previous use of opioids. Therefore, the prescription of Hydromorphone 2mg #90 is not medically necessary.