

<b>Case Number:</b>	CM15-0145446		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 56 year old male who sustained an industrial injury on 07-17-2014. Current diagnoses include degeneration of the cervical intervertebral disc, unspecified derangement of joint of shoulder region, disorder of shoulder, pain in joint involving upper arm, and pain in elbow. Previous treatments included medications. Previous diagnostic studies included a cervical MRI. Initial injuries occurred when the injured worker hit his head a bin door. Report dated 06-25-2015 noted that the injured worker presented with complaints that included chronic neck, shoulder, and elbow pain. It was stated that the Lidoderm patch is helping the shoulder, and the injured worker needs medications refilled. The injured worker noted that previous physical therapy has helped on all of these areas in the past. Pain level was 0 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion in the right shoulder. The treatment plan included refilling all worker's compensation medications, which are helping, seek approval for 12 sessions of physical therapy for the neck, shoulder, and elbow, again seek approval for evaluation and epidural steroid injections x3, and follow up in one month. The medical records submitted supports that the injured worker has received physical therapy in 2013 for another work related injury. Disputed treatments include Norco 10/325 #15, Lidoderm 5% film, Nothacin 1% gel, Flexeril 10mg #60 x 3 refills, and physical therapy 12 visits for cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids sections Page(s): 1, 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 CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. According to the medical records submitted the injured worker has been prescribed Norco since 09-15-2014. Currently the injured worker is not working. There was no evaluation provided to support functional improvement with use of Norco, Therefore the request for Norco 10/325 #15 is not medically necessary.

**Lidoderm 5% film:** 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 Lidocaine, Topical Analgesics Page(s): 56, 111-113.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. "Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended." The documentation submitted does not provide a detailed evaluation of the use of any first-line therapy medications referenced above, also the documentation provided did not support a diagnosis of neuropathic pain or post-herpetic neuralgia. Report dated 06-25-2015 noted decreased range of motion in the right shoulder on physical examination, and subjective complaints included chronic pain in the neck, shoulder, and elbow. Neither the subjective or objective findings indicate complaints of neuropathic pain. Furthermore, the treating physician's request did not include the quantity, site of application. As such, the prescription is not sufficient and not medically necessary. Therefore the request for Lidoderm 5% film is not medically necessary.

**Nothacin 1% gel:** Upheld

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

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for Nothacin 1% gel is not medically necessary.

**Flexeril 10mg #60 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

**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. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) since at least 04-24-2015. Physical examination performed on 06-25-2015 did not reveal any muscle spasms. There is no documentation submitted to support improvement in reducing pain, or increasing function with the use of this medication. Therefore the request for Flexeril 10mg #60 x 3 refills is not medically necessary.

**Physical therapy 12 visits for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The California Chronic Medical Treatment Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Allow for fading of treatment

frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The maximum number of visits is 10 (except for Complex Regional Pain Syndrome). The provider request for physical therapy exceeds the recommended amount of 10 visits. Therefore the request for physical therapy 12 visits for cervical spine is not medically necessary.