

<b>Case Number:</b>	CM15-0077421		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 York  
 Certification(s)/Specialty: Emergency 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 54 year old female with an industrial injury dated February 6, 2014. The injured worker's diagnoses include chronic myofascial pain syndrome, chronic cervical spine strain and chronic right rotator cuff syndrome. Treatment consisted of physical therapy, trigger point injections, and oral medications. In a progress note dated 3/10/2015, the injured worker reported pain in the right shoulder, cervical spine and numbness in the right hand. Physical exam revealed decrease right shoulder and cervical spine range of motion in all planes, decreased sensation in right hand, decrease right shoulder strength, positive right trapezius spasm and positive right Spurling's test. The treating physician prescribed Lidopro x2, Omeprazole 20mg once a day, Voltaren XR 100mg once a day, and 8 physical therapy sessions now under review. The IW was attending full time work with bending and squatting restrictions. On 3/23/2015, Utilization Review non certified requests for LidoProx2, Omeprazole, Voltaren XR, and 8 sessions of physical therapy. CA MTUS chronic pain guidelines were cited in support of the decisions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro x2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesia - lidocaine Page(s): 112.

**Decision rationale:** Lidopro is a topical ointment consisting of the ingredients capsaicin, lidocaine, menthol and methyl salicylate ointment. According to CA MTUS chronic pain guidelines, lidocaine is recommended 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). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch formulation. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.

**Omeprazole 20mg once a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Without this information, Omeprazole is not medically necessary based on the MTUS guideline.

**Voltaren XR 100mg once a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit of diclofenac. Diclofenac has been prescribed for months, at minimum, with no description of the specific results of use. Systemic toxicity is possible with NSAIDs. The

FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Diclofenac, per the Official Disability Guidelines citation and other medical evidence, has one of the highest risk profiles of all the NSAIDs. It should not be the NSAID of first choice, yet this there is no apparent consideration of this fact by the treating physician and no monitoring of the inherent risks. And the treating physician is reporting gastritis, yet continues to prescribe diclofenac. For these reasons, ongoing use of diclofenac is not medically necessary.

**8 physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. Documentation supports the IW has previously had physical therapy. It is assumed this request is for ongoing physical therapy for a chronic condition. Documentation does not include the number of previous physical therapy treatments or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. Guidelines do not recommend maintenance care. Additionally, guidelines support fading of treatment frequency along with active self-directed home PT. There is no mention of a home PT program in the records. The request for PT is not medically necessary. If the request is for a new area of the body for physical therapy, guideline state manual therapies are recommended for musculoskeletal conditions. It is unclear from documentation, what body part the physical therapy are is intended to treat. A trial of 6 visits over 2 weeks with evidence of functional improvements. The request for 8 visits exceeds this recommendation. The request for 2x4 chiropractic treatment is not medically necessary.