

<b>Case Number:</b>	CM13-0005907		
<b>Date Assigned:</b>	08/30/2013	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year-old male injured worker who sustained an injury has been diagnosed with bilateral cubital tunnel syndrome. Utilization Review (UR) performed on 7/17/13 evaluated clinical documentation, the most recent of which was dated 6/26/13. The most recent medical record available for review is a note dated 8/5/13. A review of the medical records revealed [REDACTED] has cited symptoms of depression, insomnia, and chronic pain. A combination of medications has been used to treat the injured worker. Additionally, transcranial magnetic stimulation has also been used to treat the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 50 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment.

**Decision rationale:** A review of the medical records revealed [REDACTED] has cited symptoms of depression, insomnia, and chronic pain, and trazodone has been used as part of the treatment

strategy. The injured worker was seen again on 8/5/13 and no documentation specific to Trazodone was found. On 8/26/13 [REDACTED] stated trazodone should be continued for insomnia and depression. The ODG states "Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation." The MTUS is silent on trazodone in particular, but notes antidepressants for pain is "Recommended as a first line option...for non-neuropathic pain" and advocates for continued assessment for treatment efficacy and pain outcomes. The UR recommended approval for the retrospective request for Trazodone because the injured worker was going to return for a follow-up. In regards to the prospective request for Trazodone, the guidelines advocate follow-up for continued treatment efficacy and pain outcomes before repeat medical necessity determination is affirmed; therefore, the prospective authorization of Trazodone is not consistent with medical necessity without follow-up documentation to affirm or refute continued treatment efficacy and pain outcomes.

**Prilosec 20mg, #60: Upheld**

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

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

**Decision rationale:** The MTUS guidelines note several risk factors for which gastro-protective agents are indicated. The injured worker is not 65, and there is not documented history of GI bleeding or gastric ulcers, or other risk factors. "High dose NSAIDs" is listed as a risk factor, and it is noted that Meloxicam is being prescribed at a dose of 7.5mg/day, which is the lower end of the recommended dosing range (the higher end is 15mg/day). In the provider notes in 6/13 and 8/13 it is noted that the provider asserts that Prilosec is needed to buffer the stomach. It is noted by the UR that naproxen was changed to meloxicam to reduce dyspepsia. The guidelines support this for treatment of dyspepsia secondary to NSAID therapy and it advises an alternative course of action could be adding an H-2 blocker or PPI. The guidelines do not advocate switching NSAIDs and the addition of a PPI and there is a lack of documentation affirming the noted risk factors.

**Prilosec 20mg, #60: Upheld**

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS guidelines note several risk factors for which gastro-protective agents are indicated. The injured worker is not

65, and there is not documented history of GI bleeding or gastric ulcers, or other risk factors. "High dose NSAIDS" is listed as a risk factor, and it is noted that Meloxicam is being prescribed at a dose of 7.5mg/day, which is the lower end of the recommended dosing range (the higher end is 15mg/day). In the provider notes in 6/13 and 8/13 it is noted that the provider asserts that Prilosec is needed to buffer the stomach. It is noted by the UR that naproxen was changed to meloxicam to reduce dyspepsia. The guidelines support this for treatment of dyspepsia secondary to NSAID therapy and it advises an alternative course of action could be adding an H-2 blocker or PPI. The guidelines do not advocate switching NSAIDs and the addition of a PPI and there is a lack of documentation affirming the noted risk factors.

**Tramadol ER 150mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

**Decision rationale:** The MTUS guidelines have a detailed list of recommendations for initiation and continuation of opioids (i.e. the "4 A's for Ongoing Monitoring"), and these recommendations do not appear to have been addressed by the treating physician. Medical necessity per MTUS would require documentation affirming functional improvement with chronic use and appropriate risk assessment, among other guideline recommendations.

**Tramadol ER 150mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

**Decision rationale:** The MTUS guidelines have a detailed list of recommendations for initiation and continuation of opioids (i.e. the "4 A's for Ongoing Monitoring"), and these recommendations do not appear to have been addressed by the treating physician. Medical necessity per MTUS would require documentation affirming functional improvement with chronic use and appropriate risk assessment, among other guideline recommendations.

**Dendracin lotion 120ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Dendracin contains menthol, methyl salicylate, and benzocaine and is prescribed for chronic pain. The MTUS guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines recommend Methyl salicylate stating, "Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." The CA MTUS provides no evidence-based recommendations regarding the topical application of benzocaine. However, benzocaine and lidocaine are both sodium-channel blocking local anesthetics with the same mechanism of action for the proposed use, which is reduction of chronic pain. The guidelines pertaining to topical Lidocaine indicate, "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and use for non-neuropathic pain is not recommended. The CA MTUS, ODG, and National Guidelines Clearinghouse guidelines provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated.

**Dendracin lotion 120ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Dendracin contains menthol, methyl salicylate, and benzocaine and is prescribed for chronic pain. The MTUS guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines recommend Methyl salicylate stating, "Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." The CA MTUS provides no evidence-based recommendations regarding the topical application of benzocaine. However, benzocaine and lidocaine are both sodium-channel blocking local anesthetics with the same mechanism of action for the proposed use, which is reduction of chronic pain. The guidelines pertaining to topical Lidocaine indicate, "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and use for non-neuropathic pain is not recommended. The CA MTUS, ODG, and National Guidelines Clearinghouse guidelines provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated.