

<b>Case Number:</b>	CM13-0013301		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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.

### 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 patient is a 52-year-old female who reported injury on 08/01/2007 with mechanism of injury being the patient was in a motor vehicle accident. The patient was noted to complain of low back pain and daily headaches. The headaches were noted to encompass the entire right side of her head and were noted to be accompanied by sensitivity to light and sound. The patient's pain was noted to be a 6/10 and the patient was noted to have an average of 6/10 to 7/10 for the past week. The patient's pain score with medications was noted to be 6/10 and without medications was noted to be 7/10 to 8/10. The patient's diagnoses were stated to include right rib fractures, lumbar sprain and strain, right knee sprain and strain, status post head laceration and tension headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cidaflex #90:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chondroitin, Glucosamine Page(s): 50.

**Decision rationale:** CA MTUS Guidelines recommend glucosamine and chondroitin sulfate for patients with moderate arthritis pain, especially for knee osteoarthritis. However, CA MTUS

Guidelines indicates that the specific form of glucosamine HCL that is contained in Cidaflex is not the recommended form. Clinical documentation submitted for review indicated the patient's diagnoses were lumbar strain and sprain and right knee sprain and strain and failed to provide the efficacy of the requested medication and additionally failed to provide the necessity for the requested medication. Given the above, the request for 1 prescription of Cidaflex #90 is not medically necessary.

**Fluriflex ointment:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not officially address Fluriflex, nor does Official Disability Guidelines. Clinical documentation submitted for review indicated the patient complained of low back pain and daily headaches. It was stated that the patient's pain score with medications was 6/10 and without medications was 7/10 to 8/10. A thorough search of California MTUS, ACOEM, Official Disability Guidelines, Drugs.com and the National Clearinghouse failed to produce information about the ingredients of Fluriflex and indications for use of Fluriflex. Given the lack of exceptional factors to warrant usage, the request for 1 Prescription of Fluriflex ointment is not medically necessary nor appropriate.

**Medrox Patches #30:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-112.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), does not address Medrox Patches specifically. Official Disability Guidelines (ODG), does not address Medrox Patches specifically. According to the Medrox package insert, Medrox is a topical analgesic Menthol 5.00% and 0.0375% Capsaicin. According to the package insert it is indicated for "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Clinical documentation submitted for review indicated that the patient had pain without medications and that the patient had low back

pain. Therefore, since the Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary.

**Imitrex 25mg up to #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Online Version.

**Decision rationale:** CA MTUS/ACOEM Guidelines do not address triptans. Official Disability Guidelines recommend triptans for migraine sufferers. Per the subjective complaints of the patient, the patient has daily headaches that encompassed the entire right and left side of her head and were noted to be accompanied by sensitivity to light and sound. The diagnosis was stated to be a tension headache. Further documentation indicated the patient had daily headaches that were consistent with a migraine profile. The physician stated they would like to start the patient on a low dose of Imitrex which would be diagnostic and therapeutic. While it was noted that the physician would like to start the patient on a trial of Imitrex which would be supported given the patient's symptoms, the request as submitted was for "up to 30" pills of Imitrex which is not an exact number of pills and "up to 30" would be excessive and not supported to provide the patient an adequate trial of Imitrex to determine efficacy. Given the above the request for 1 prescription of Imitrex 25 mg up to #30 is not medically necessary.

**1 portable TENS unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-115.

**Decision rationale:** The clinical documentation submitted for review indicated the patient had low back pain and indicated that the patient was denied a TENS unit based on no documentation of improvement. The physician opined that the reports were reviewed after the unit had stopped functioning. The request was again made for a TENS unit that is portable and the physician noted that a trial period is not required as the patient had proven success with a TENS unit. However, CA MTUS Guidelines recommend a TENS unit as part of an adjunct to physical therapy and recommend it for chronic intractable pain that is neuropathic with a documentation of pain of at least 3 months in duration and documentation that other pain modalities have been tried including medication and failed. Additionally, ongoing pain treatment should be documented during the trial period including medication usage. The clinical documentation indicated the patient had chronic pain, however, it failed to provide documentation that the patient would be using it as an adjunct therapy and failed to provide that the patient had tried other pain modalities and failed them. Additionally, there was a lack of documentation of

ongoing pain treatment during the trial period including medication usage. Given the above, the request for 1 portable TENS unit is not medically necessary.