

<b>Case Number:</b>	CM13-0016366		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Medicine, and is licensed to practice in Texas and 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:

The patient is a 32-year-old female who reported an injury on 1/22/10. The patient's symptoms include neck, shoulder, knee, and low back pain. Her diagnoses include cervical and lumbar degenerative disc disease, shoulder impingement, epicondylitis of the lateral elbow, and right knee tendinopathy. At her 8/2/13 visit, the patient stated she was feeling okay and she was trying to minimize her oral medication use, but that she had been using ibuprofen on occasion. It also stated that she had found her gastrointestinal upset to be controlled with Omeprazole. At her 8/30/13 office visit, the plan was to continue her current medications, including Naprosyn and Tramadol ER 150 mg every bedtime as needed, Omeprazole 20 mg twice a day, Methoderm for topical analgesic, and to continue self-care home exercise program and TENS unit; a refill was noted for two pairs of TENS patches. It was also noted that the patient had a prescription for Cyclobenzaprine 7.5 mg. At her 9/24/13 office visit, the patient reported that medications helped with activities of daily living, and she denied side effects from medications. The patient would like to continue conservative care. Objective findings include tenderness to palpation of the cervical and lumbar spine, with spasm, and her lumbar flexion was noted to be 40%. It was noted that her range of motion was decreased in the lumbar and the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for two pairs of TENS pads: Upheld**

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

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

**Decision rationale:** According to the California MTUS Guidelines, a TENS unit is not recommended as primary treatment for chronic pain, but a 1-month home based TENS trial may be considered for patients with neuropathic pain or Complex Regional Pain Syndrome (CRPS), as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. It was noted in the patient's treatment plan that she was participating in a home based exercise program and had a TENS unit to use at home. However, the patient's response to this unit was not provided to support its efficacy and continuation. Therefore, the two pairs of TENS pads is not supported.

**The request for 30 Cyclobenzaprine 7.5 mg:** 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 Cyclobenzaprine (Flexeril®), Page(s): s 41-42.

**Decision rationale:** The California MTUS Guidelines state that Cyclobenzaprine is recommended as an option for a short course of therapy. It further states that the effect from this medication is the greatest in the first 4 days of treatment, suggesting that shorter courses may be better; treatment should be brief. It also mentions that the addition of Cyclobenzaprine to other agents is not recommended. As this medication was not stated to be for short-term use and records indicate that the patient has been on this medication for an extended period, the request is not supported. Additionally, the patient is noted to be on other medications and the guidelines state that Cyclobenzaprine should not be added to other agents. For these reasons, the request is non-certified.

**The request for 30 Tramadol ER 150 mg:** 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 Opioids, Page(s): s 74, 77.

**Decision rationale:** The California MTUS Guidelines state that long-acting opioids are a highly potent form of opiate analgesics; their proposed advantage is that they stabilize medication levels and provide around the clock analgesia. Additionally, the Guidelines state that for ongoing management of patients who take opioid medications, detailed documentation is required to include the 4 A's for ongoing monitoring. The 4 A's include analgesia, activities of daily living,

adverse side effects, and aberrant drug taking behaviors. It was documented that the patient reports pain in her neck, shoulder, knee, and low back, and that she takes Tramadol ER 150 mg at bedtime. However, it was stated at her 8/2/13 visit that the patient was trying to minimize her medication use, and was using ibuprofen over-the-counter on occasion. Her more recent office notes did not include a detailed medication history. Therefore, it is not known whether the patient is taking this medication daily at this time. In addition, the detailed documentation required by the Guidelines including the 4 A's for ongoing monitoring were not addressed clearly. For these reasons, the request is non-certified.

**The request for one prescription of Menthoderm 120 gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** The requested medication is a topical compound which includes methyl salicylate and menthol. The California MTUS Guidelines state that salicylate topicals are recommended, and that these medications were shown to work significantly better than a placebo in chronic pain. The patient was noted to have chronic pain related to her neck, shoulder, knee, and low back; however, guidelines do not address the appropriateness of topical menthol. Therefore, the request is non-certified.

**The request for 60 Omeprazole 20 mg: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The documentation indicates that the patient had reported gastrointestinal (GI) upset from medication use, but it was controlled with Omeprazole 20 mg twice a day. In his 5/9/13 visit note, [REDACTED] stated that the patient was notified that the Tramadol may be a better option for her pain versus ibuprofen because of her history of gastric upset. The California MTUS Guidelines recommend a proton pump inhibitor for patients who are taking NSAIDs and have a risk for gastrointestinal events. To determine if the patient is at risk for gastrointestinal events the criteria are: age greater than 65 years old; history of peptic ulcer; GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anti-coagulant; or taking high dose or multiple NSAID medications. The patient was noted to be taking an NSAID medication and to have symptoms of gastrointestinal upset, but it was not noted the patient had a history of peptic ulcer, GI bleeding or perforation to meet criteria for being at increased risk of a gastrointestinal event. Therefore, the requested medication, a proton pump inhibitor, is not supported.