

<b>Case Number:</b>	CM13-0016701		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/17/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	08/14/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 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/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 50-year-male who reported an injury on 10/17/2010. The mechanism of injury was noted to be the patient sustained injury while moving heaving equipment. The patient's medication history included Cyclobenzaprine, Restone, Omeprazole, and opiates, as well as topical creams as of 2012. The patient had a urine drug screen as of 2012. The documentation submitted for the requested date of service 07/10/2013 was a prescription for 2 topical compounded creams. There was no physical examination submitted for review. The request per the submitted documents were for medication refills and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE (DOS: 7/10/13) FOR URINE DRUG SCREEN QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Section Page(s): 78.

**Decision rationale:** California MTUS Guidelines indicate that the use of urine drug screening is appropriate for patients with documented issues of abuse, addiction, and poor pain control. There was no documentation submitted for this date of service for review. The patient had an

appropriate urine drug screen in 2012. Given the above, the retrospective (DOS: 7/10/2013) for urine drug screen quantity 1 is not medically necessary.

**RETROSPECTIVE (DOS: 7/10/13) FOR HYDROCODONE 10/325MG QTY: 60.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Discontinue Opioids Section Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Section Page(s): 60,78.

**Decision rationale:** California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was noted to be taking the medication since 2012. There was a lack of documentation submitted for review for the requested date of service. As such, the request for retrospective (DOS: 7/10/2013) for hydrocodone 10/325 mg quantity 60 is not medically necessary.

**RETROSPECTIVE (DOS: 7/10/13) FOR TRAMADOL 150MG QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain,Ongoing Management Page(s): 60,78.

**Decision rationale:** California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was noted to be taking the medication since 2012. There was a lack of documentation submitted for review for the requested date of service. There was a lack of documentation submitted for review for the requested date of service. As such, the request for retrospective (DOS: 7/10/2013) for tramadol 150 mg quantity 30 is not medically necessary.

**RETROSPECTIVE (DOS: 7/10/13) FOR OMEPRAZOLE 20MG QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

**Decision rationale:** California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The patient was noted to be taking

medication for an extended duration of time, greater than 1 year. There was lack of documentation of an objective physical examination and a PR2 for the dates of service, 07/10/2013. Given the above and the lack of documentation, the request for retrospective (DOS: 7/10/2013) for Omeprazole 20 mg quantity 60 is not medically necessary.

**RETROSPECTIVE (DOS: 7/10/13) FOR RESTONE 3/100MG QTY: 30.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:  
[HTTP://WWW.DRUGS.COM/SEARCH.PHP?SEARCHTERM=TRYPTOPHAN](http://www.drugs.com/search.php?searchterm=tryptophan)

**Decision rationale:** Official Disability Guidelines recommend melatonin for patients with difficulty with sleep onset. They do not, however, address tryptophans. As such, secondary guidelines were sought. L-tryptophan, per drugs.com, has been used as an alternative medicine to treat sleep problems. The patient was noted to be taking the medication since 2012. There was lack of documentation indicating the patient had trialed and failed over-the-counter melatonin. There was lack of documentation of a PR2 for the requested date of service, 07/10/2013. Given the above, the request for retrospective (DOS: 7/10/2013) for Restone 3/100 mg quantity 30 is not medically necessary.

**RETROSPECTIVE (DOS: 7/10/13) FOR CYCLOBENZAPRINE 7.5MG QTY: 60.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. This request is concurrently being reviewed with a request for topical muscle relaxants. There was lack of documentation indicating a necessity for both forms of muscle relaxants. There was lack of documentation of an objective physical examination, PR2 dated for the date of service 07/10/2013. Given the above, the request for retrospective (DOS: 07/10/2013) for cyclobenzaprine 7.5 mg quantity 60 is not medically necessary.

**RETROSPECTIVE (DOS: 7/10/13) FOR CYCLOBENZAPRINE HCL 2%, KETOPROFEN 15%, FLURBIPROFEN 6% CR. 180GM. QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Ketoprofen, Topical Cyclobenzaprine Sections Page(s): 72, 111,.

**Decision rationale:** Muscle Relaxants The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution...Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. There was lack of documentation indicating the necessity for 2 NSAIDs in a topical cream, the necessity for 2 topicals with Ketoprofen and the necessity for both topical and oral forms of a muscle relaxant. There was a lack of documentation of the efficacy of the requested medication. The duration of use could not be established through the submitted documentation. There was no PR2 submitted for review for date of service 07/10/2013. Additionally, as topical flurbiprofen and Ketoprofen are not recommended by the FDA, the request for retrospective (DOS: 7/10/2013) for cyclobenzaprine HCL 2%, Ketoprofen 15%, flurbiprofen 6% CR 180GM. quantity 1.00 is not medically necessary.

**RETROSPECTIVE (DOS: 7/10/13) FOR CAPSAICIN 0.0375%, DICLOFENAC 20%, TRAMADOL 10%, KETOPROFEN 10%, CAMPHOR 2%, MENTHOL 2% CR. 180GM.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Topical Salicylates, Topical Analgesics, Capsaicin, Topical Ketoprofen, Diclofenac Pag.

**Decision rationale:** The California MTUS indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy.... 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. Ketoprofen is not currently FDA approved for a topical application. Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. Clinical documentation submitted for review failed to indicate the patient had a trial and failure of antidepressants and anticonvulsants. The duration of use could not be established through the submitted documentation. There was lack of documentation of a PR2 for the date of service requested, 07/10/2013. Given the above and the lack of documentation of exceptional factors, the request for retrospective (DOS: 7/10/2013) for capsaicin 0.0375%, diclofenac 20%, tramadol 10%, ketoprofen 10%, camphor 2%, menthol 2% CR. 180GM is not medically necessary.