

<b>Case Number:</b>	CM13-0020980		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Pain Management and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 59 year old male correctional officer with past medical history of HTN, atrial fibrillation (not currently on Coumadin), GERD, with date of injury on 08/24/11 due to cumulative trauma affecting his right shoulder and bilateral knees. He continues to have knee and right shoulder pain. He ambulates with a cane and has completed physical therapy and does a home exercise program. He continues to have limited range of motion in the right upper extremity. The patient has bilateral tricompartmental arthritis of the knees which will require bilateral total knee arthroscopies in the future. His right shoulder underwent a subacromial decompression and a resection of the distal clavicle in April 2012 but he developed an adhesive capsulitis. On 11/06/12 he had an extensive manipulation under anesthesia and arthroscopic lysis of adhesions with the repair of a complete rotator cuff tear. The patient was seen on 3/4/13 and was improving motion with physical therapy. The patient still has limited shoulder range of motion and continues to have knee pain. The issue presented is whether a gym membership, Flexeril, Dendrocin lotion, Tramadol, Medrox patches and Prilosec are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A gym membership with access to the pool for six (6) months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Gym Membership.

**Decision rationale:** Gym membership with access to pool is not medically necessary per MTUS guidelines and ODG guidelines. Per MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per ODG guidelines: Gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective. Per 8/28/13 therapy note the patient is doing well with regard to his shoulder. At this point, he is to continue with his home rehabilitation program and avoid overuse.

**Retrospective Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril <sup>®</sup>) Section Page(s): 41-42.

**Decision rationale:** Per MTUS guidelines the requested treatment of Flexeril is not medically necessary. Patient's symptoms are knee pain and shoulder pain. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines does not support ongoing Flexeril in the treatment of chronic pain.

**Retrospective Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classification Section Page(s): 75, 85. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm> (under Tramadol).

**Decision rationale:** Tramadol ER 150mg Qty: 30 is not medically necessary. Per MTUS guidelines this is considered an opioid analgesic. Per the MTUS guidelines --Side effects of tramadol are similar to traditional opioids. Per 7/19/13 orthopedic note patient did not tolerate narcotics would prefer tramadol over narcotics due to constipating effects of narcotics. Additionally per 10/8/12 physician note: patient stopped taking the Tylenol No.3 in light of severe constipation. He had several bouts of constipation; all the episodes lasted more than three

hours which required magnesium citrate as well as stool softeners and suppositories. Tylenol No. 3 is considered an opioid. Per MTUS guidelines Tramadol exerts opioid activity and side effects similar to opiates therefore are not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Hypertension and Renal Function Section Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Prilosec.

**Decision rationale:** There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The patient has a history of GERD but does not meet the MTUS guidelines for a proton pump inhibitor. He is not on Coumadin at this time. Additionally, per ODG guideline: In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time.

**Retrospective Terocin Lotion 4oz: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Â® (lidocaine patch) Section, Salicylate Topicals Section, Topical Analgesics Section P.

**Decision rationale:** According to the Chronic Pain Treatment Guidelines MTUS there is a small recommendation that supports 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 active ingredient in Terocin Lotion are :Methyl Salicylate 25%,Capsaicin 0.025%, Menthol 10% Lidocaine 2.50% .Terocin contains Lidocaine which per MTUS guidelines: Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The patient has no documentation that he meets criteria for topical lidocaine and therefore this is not medically necessary.

**Retrospective request for twenty (20) Medrox patches: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section, Salicylate Topicals Section Page(s): 26, 105.

**Decision rationale:** Medrox Patch consists of Menthol, Capsaicin, and Methyl Salicylate. Medrox Patch consists of Methyl Salicylate 5%; Menthol 5%; Capsaicin 0.0375%. Per MTUS guidelines there are no studies of a 0.0375% formulation of capsaicin and this exceeds guideline recommendations, therefore the Medrox patch is not medically necessary. Per guidelines Salicylate topicals including methyl salicylate and menthol are recommended however the patch formulation of both of these formulations in combination with Capsaicin is not specifically mentioned in the MTUS.