

<b>Case Number:</b>	CM13-0025446		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 50-year-old male who reported injury on 06/24/2008. The mechanism of injury was not provided. The injured worker had been treated with chiropractic care, a functional restoration program, and medications. The injured worker was noted to be taking anti-epileptic medications, muscle relaxants, NSAIDs, and PPIs in 2012. The documentation of 07/23/2013 added tramadol. The documentation of 07/30/2013 revealed the injured worker had 8/10 pain. The injured worker indicated he had pain radiating into the left buttock, left calf, left foot, left hip, right buttock, right calf, right foot, and right hip. The physical examination revealed the injured worker had tenderness in the cervical region bilaterally, tenderness in the spinous process at C4-7, and hypertonicity that was palpable in the cervical region bilaterally and trapezius bilaterally. The injured worker had myofascial trigger points of the trapezius bilaterally and the scalenes bilaterally. Tenderness was noted in the lumbar region bilaterally and erector spinae bilaterally. The spinous levels were tender to palpation at L3-S1. The injured worker had myofascial trigger points of the lumbar spine in the erector spinae on both sides and quadratus lumborum on both sides. The injured worker had a positive straight leg raise bilaterally that increased low back pain. The diagnoses included cervicgia, thoracalgia, obesity, hypertension, sexual dysfunction, and sleep issues. Treatment plan included transdermal cream compounded NSAID Flurbiprofen, Anaprox or naproxen sodium, Neurontin/Gabapentin, Prilosec, Zanaflex, hydrocodone/acetaminophen, Atarax, and compounded medication including cyclobenzaprine and Neurontin, as well as Ketorolac for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT MYOPATHY - INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TRIGGER POINT INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TRIGGER POINT INJECTIONS Page(s): 121-122.

**Decision rationale:** California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review indicated the injured worker had palpable circumscribed trigger points. However, there was a lack of documentation including evidence of a twitch response and referred pain. There was a lack of documentation indicating that medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. The injured worker had a positive straight leg raise bilaterally that increased low back pain. However, as there was a lack of documentation indicating the pain radiated, there was no documentation of radiculopathy. The request as submitted failed to indicate the quantity as well as the location for the trigger point injections. Given the above, the request for Trigger point myotherapy -- injection is not medically necessary.

**KETOROLAC FOR PAIN MANAGEMENT, 1CC BY INTRAMUSCULAR INJECTION WEEKLY FOR TWO WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON KETOROLAC (TORADOL, GENERIC AVAILABLE)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON NSAIDS Page(s): 72.

**Decision rationale:** California MTUS Chronic Pain Guidelines indicate that Ketorolac is not indicated for minor or chronic painful conditions. There was a lack of documentation including the rationale for the requested service. There was a lack of documentation of the exceptional factors to warrant non-adherence to guideline recommendations. Given the above, Ketorolac for pain management, 1cc IM weekly for two weeks is not medically necessary.

**FLURBIPROPHEN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON NSAIDS Page(s): 67.

**Decision rationale:** California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. The documentation submitted for review indicated the injured worker was prescribed Anaprox and was prescribed Flurbiprofen in a topical form. There was a lack of documentation indicating a necessity for both an oral and topical form of the medication. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Flurbiprofen is not medically necessary.

#### **TRANSDERMAL CREAM COMPOUND NSAID FLURBIPROPHEN:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON FLURBIPROFEN, AND TOPICAL ANALGESICS Page(s): 72,111.

**Decision rationale:** 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 is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to indicate the injured worker had trialed and failed antidepressants and anticonvulsants. Documentation indicated that the injured worker was currently taking Gabapentin. There was a lack of documentation indicating the length of time the medication had been utilized. The request as submitted failed to indicate the frequency, quantity, and strength of the medication. Given the above, there was a lack of documentation indicating a necessity for both an oral and topical form of an NSAID. The request for Transdermal Cream Compound NSAID Flurbiprofen is not medically necessary.

**PRILOSEC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES:PAIN CHAPTER, PROTON PUMP INHIBITORS (PPIs).

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

**Decision rationale:** California MTUS Guidelines recommend PROTON PUMP INHIBITORS (PPIs) for the short term treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had signs and symptoms of dyspepsia. It was indicated the injured worker had been utilizing the medication since 2012. The request as submitted failed to indicate the frequency, quantity, and strength for the medication. Given the above, the request for Prilosec is not medically necessary.

**HYDROCODONE AND ACETAMINOPHEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS: HYDROCODONE (VICODIN, LORTAB). .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON MEDICATIONS FOR CHRONIC PAIN AND ONGOING MANAGEMENT Page(s): 60,78.

**Decision rationale:** California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the classification of the medication for 1 month. There was a lack of documentation of duration prior to the 1 month. There was a lack of documentation of the above criterion. Additionally, there was a lack of documentation indicating a necessity for both tramadol and hydrocodone/acetaminophen. The request as submitted failed to indicate the frequency, quantity, and strength for the medication. Given the above, the request for Hydrocodone and acetaminophen is not medically necessary.

**ATARAX:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** California MTUS Guidelines recommend histamine 2 blockers for the treatment of dyspepsia secondary to NSAID therapy. The physician's documentation indicated the medication was being given for post-traumatic headaches, anxiety, and to potentiate the pain medication. There was a lack of documentation of duration for the use of the medication and the injured worker's response to the medication. The request as submitted failed to indicate the quantity, frequency, and strength for the requested medication. Given the above, the request for Atarax is not medically necessary.

**TRANSDERMAL CREAM - CYCLOBENZAPRINE AND NEURONTIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MUSCLE RELAXANTS (FOR PAIN)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON CYCLOBENZAPRINE, TOPICAL ANALGESICS AND GABAPENTIN  
Page(s): 41,111,113.

**Decision rationale:** California MTUS indicate that topical analgesics 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. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is no peer-reviewed literature to support the use of topical baclofen and the topical use of cyclobenzaprine as a topical muscle relaxant 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. Gabapentin is not recommended and there is no evidence for use of any other anti-epilepsy drug as a topical product. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The clinical documentation submitted for review indicated the injured worker was utilizing Gabapentin since 2012, as well as muscle relaxants since 2012. The duration for the topical could not be established. There was a lack of documentation for the necessity of both an oral and topical form of the medication. The medications Gabapentin and Zanaflex were both re-prescribed on the same date of requested service. The request as submitted failed to indicate the frequency, quantity, and strength of the requested medication. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for Transdermal cream -- cyclobenzaprine and Neurontin is not medically necessary.