

<b>Case Number:</b>	CM13-0028315		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/02/1991
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Occupational Medicine 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 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 applicant has filed a claim for reflux sympathetic dystrophy of lower limb, chronic pain syndrome, and drug dependence reportedly associated with industrial injury of April 2, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; intermittent urine drug testing; a baclofen pain pump; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent limitations in place. A clinical progress note of June 7, 2013 is notable for comments that the applicant reports 8/10 pain with medications and 9/10 pain without medications. The applicant states that he has run out of baclofen on his pain pump. As a result, he states that he is experiencing heightened pain about the legs, feet, and hands. The claimant, in the interim, is given refills of Cymbalta, Elavil, Lunesta, Naprosyn, Neurontin, Sintralyn for insomnia, and various topical compounds. Intrathecal baclofen is reordered. It does not appear that the claimant has returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg for two months:** 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 Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, however, it does not appear that the claimant has demonstrated any evidence of functional improvement as defined in MTUS 9792.20f. The claimant does not appear to have returned to work. His work status and work restrictions are seemingly unchanged from visit to visit. He is highly reliant on various medical treatments, including a pain pump, topical compounds, etc. All of the above, taken together, imply that ongoing use of Naprosyn has been unsuccessful. Therefore, the request is not certified.

**Neurontin 80mg for two months:** 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 Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for gabapentin or Neurontin is three to eight weeks for titration and then one to two weeks at maximum tolerated dosage. In this case, however, there is no clear evidence the claimant has demonstrated any functional improvement or demonstrable pain relief through prior usage of Neurontin. The attending provider has seemingly suggested that the bulk of the claimant's pain relief is derived from ongoing usage of a baclofen pain pump. There is no mention of any demonstrable pain relief or benefit being effected through ongoing usage of Neurontin. The reduction of pain scores from 9/10 to 8/10 through usage of gabapentin and five other oral and topical agents does not appear to be sufficient to justify its continued usage, particularly in the face of the applicant's failure to return to any form of work. Therefore, the request is not certified.

**Sinralyne PM:** 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 Official Disability Guidelines (ODG), Pain Chapter, Medical Food.

**Decision rationale:** Sinralyne or Sentra is a medical food. The MTUS does not address the topic of medical foods. As noted in the ODG chronic pain chapter, however, medical foods such as Sinralyne or Sentra are not recommended except when there is evidence that a claimant has a disease process or diagnosis for which there is a specific nutritive requirement. In this case,

however, there are no specific nutritive requirements for the claimant's chronic pain syndrome. Therefore, the request is not certified.

**Fluriflex ointment:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound use purposes or topical formulation purposes. In this case, one of the ingredients in the proposed topical compound, Flexeril, is a muscle relaxant. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**Medrox patches:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** As with the other topical compound, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that these topical analgesics are largely experimental as a class. In this case, as with the many other oral and topical agents, there is no evidence of any lasting benefit or functional improvement as defined by the measures established in MTUS 9792.20f effected through prior usage of the same. The applicant has failed to return to any form of work. The applicant has failed to reduce dependence on various medical treatments. Therefore, the request is likewise not certified.