

<b>Case Number:</b>	CM13-0035366		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/28/2008
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 64-year-old female who reported an injury on 02/28/2008. The mechanism of injury was not provided in the medical records. The patient's initial course of treatment and initial diagnoses were not provided in the medical records; however, it is noted that she received a right carpal tunnel release surgery on 05/04/2012. She has had multiple complaints over the years and her current diagnoses include abdominal pain (789.0); constipation secondary to cyclobenzaprine (564); gastropathy secondary to stress and NSAID use (530.81); weight gain; hypertension triggered by work-related injury (401.9); hyperlipidemia (272.4); and obstructive sleep apnea (780.50). The patient is noted to have had MRI of the lumbar spine that revealed neural foraminal stenosis and radicular symptoms at an unknown level. It is noted on the 06/20/2013 orthopedic note that the patient had failed conservative treatment to include physical therapy, chiropractic, oral medications, rest, and home exercise. There was discussion of bilateral L3-4 and L4-5 epidural steroid injections; however, it is unclear if they were ever performed. The patient also has history of cervical pain with report of a cervical epidural steroid injection providing approximately 60% to 70% pain relief. Also included in this note, is a report the patient states she had returned to her baseline pain level. The patient continues to be treated for chronic wrist, lumber, knee, and abdominal pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy sessions 2 times a week for 4 weeks for the cervical spine and bilateral wrists:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For unspecified complaints of myalgia and myositis or neuralgia and neuritis, guidelines recommend 8 to 10 visits of physical therapy, with an initial 6 visits to determine efficacy. In the medical records provided for review, the patient's last known date of physical therapy was 12/2012. The most recent thorough physical examination was dated 06/20/2013, but there is no report of any neck or bilateral wrist limitations or complaints. Without documentation of subjective of complaints or objective findings related to the cervical spine and bilateral wrists, there is no indication for physical therapy. As such, the request for additional physical therapy sessions 2 times a week for 4 weeks for the cervical spine and bilateral wrists is non-certified.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 68.

**Decision rationale:** California MTUS Guidelines recommend the use of proton pump inhibitors, such as Prilosec, to treat patients at risk for gastrointestinal events with concurrent use of NSAIDs. Guidelines state that high-risk patients should be provided with appropriate NSAIDs and/or a proton pump inhibitor. High risk patients include those over age 65; those with history of peptic ulcer, GI bleeding, or perforation; those concurrently using aspirin, corticosteroids, and/or an anticoagulant; and those who are on high dose/multiple NSAIDs. Although the patient is nearing the age of increased risk, and there are diagnoses of constipation and possible irritable bowel syndrome, the clinical note dated 06/20/2013 stated the patient had no history of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome. Due to the lack of clarity in the patient's recorded history, as well as no current medication list detailing current use of NSAIDs or other high risk medications, the medical necessity of this medication cannot be determined at this time. As such, the request for Prilosec 20 mg #60 is non-certified.

**Tramadol 150 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** California MTUS Guidelines recommend the use of opioids in the treatment of chronic pain. Guidelines also recommend that certain outcomes be measured at certain times during medication management. Outcomes that should be assessed on every clinical visit include pain. This includes asking the patient of her current pain levels; the least reported amount of pain since last assessment; average pain; intensity of the pain after taking the opioid; how long it takes for pain relief to begin; how long pain relief lasts; and medication compliance should be monitored using frequent urine drug screens. It is also recommended that functional ability be measured at 6 month intervals using numerical scales or validated instruments. The clinical records included functional measurements; however, there were no reports of any of the patient's pain levels to include current, least, or average. An up to date urine drug screen was included and showed medication compliance. Nonetheless, without objective assessments of the patient's pain, medication efficacy and therefore, medical necessity, cannot be determined. As such, the request for tramadol 150 mg #30 is non-certified.

**TGHot:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines recommend topical analgesics as an option in the treatment of osteoarthritic or neuropathic pain. Guidelines also state any compounded product that contains at least one drug that is not recommended deems the entire compounded product not recommended. TG Hot cream is a compounded product that contains tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, and capsaicin 0.05%. California Guidelines state gabapentin is not recommended as a topical analgesic as there was no peer-reviewed literature to support its use. Guidelines also only recommend capsaicin in a formulation of 0.025%, as studies have not shown increased benefit in formulations over this amount. Since these 2 ingredients alone are not recommended by guidelines, the entire product is not recommended. As such, the request for prescription of TG Hot is non-certified.

**FlurFlex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines recommend the use of topical analgesics as an option in the treatment of osteoarthritic and neuropathic pain. Guidelines also state any

compounded product that contains at least one drug that is not recommended deems the entire compounded product not recommended. Fluriflex is a combination of flurbiprofen 15% and cyclobenzaprine 10%. Guidelines recommend topical NSAIDs are used in the short-term (approximately 4 to 12 weeks). Currently, the only FDA-approved topical NSAID is Voltaren gel. As this product does not contain Voltaren gel, it would not be recommended by guidelines. As such, the request for prescription of Fluriflex is non-certified.