

<b>Case Number:</b>	CM13-0039476		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2013

### 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 Orthopedic Surgery, 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 patient is 62 years old, and sustained an industrial injury on 4/11/13. Diagnoses include cervical and lumbar discopathy, left shoulder impingement, and bilateral carpal tunnel syndrome. An exam note from 4/1/13 demonstrates complains of low back pain with radiation to the left leg. The patient is status post a transforaminal injection as of 6/29/12. There is tenderness to the lumbar spine at L4-S1, and in the lumbar myofascial area. An exam note dated 8/22/13 reflects increased symptoms in the cervical spine and shoulder blades, and migraines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for naproxen sodium:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** Per the MTUS guidelines, naproxen is a nonsteroidal anti-inflammatory drug (NSAID) used for the relief of the signs and symptoms of osteoarthritis. Per the Official Disability Guidelines, naproxen is recommended as a second-line treatment after acetaminophen.

In general, there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. There is no evidence in the medical records of supporting osteoarthritis or failure of acetaminophen to support medical necessity. Therefore, the request is noncertified

**Cyclobenzaprine Hydrochloride: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** According to the California MTUS, Cyclobenzaprine is more effective than placebo in the management of back pain, but the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this particular case there is insufficient evidence to support the use of Cyclobenzaprine as the patient's condition is chronic. Therefore, the request is noncertified.

**Sumatriptan Succinate: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The MTUS/ACOEM is silent on the use of this drug, so alternative guidelines were used. Per the Official Disability Guidelines, sumatriptan succinate is recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Based upon the records reviewed there is insufficient evidence of chronic industrial related migraine headaches to support its use. It is therefore noncertified

**Ondansetron: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS/ACOEM is silent on the issue of this drug, so alternative guidelines were used. Per the Official Disability Guidelines, Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. There is insufficient evidence in the records to support Ondansetron. Therefore, the request is noncertified.

**Omeprazole:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** Per the California MTUS guidelines, a proton pump inhibitor (PPI) such as Omeprazole may be recommended if a patient is at risk for gastrointestinal (GI) events, and does not have cardiovascular disease. Risk factors for a GI event include being over 65 years of age; having a history of peptic ulcer; having GI bleeding/perforation; using aspirin, corticosteroids, and/or anticoagulants concurrently; and taking high doses of/multiple NSAIDs. In this case, the claimant has no medical evidence suggesting increased risk for gastrointestinal events. Therefore, the request is noncertified

**Quazepam:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, and the Official Disabi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** According to the California MTUS, benzodiazepines such as Quazepam are not recommended for long-term use as long-term efficacy is unproven, and there is a risk of dependence; most guidelines limit use to four weeks. As this medication is to be used chronically, it cannot be recommended. Therefore, the request is noncertified.

**Tramadol Hydrochloride:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is a synthetic opioid that is indicated for moderate to severe pain. It is considered a second line agent when first line agents (NSAIDs, etc.) fail. There is insufficient evidence of failure of primary over the counter non-steroids to warrant Tramadol, nor is there evidence of

moderate to severe pain. Tramadol is not medically necessary. Therefore, the request is noncertified.

**Medrox:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The MTUS/ACOEM and Official Disability Guidelines both note that if any one component of a topical compounded medication is not recommended, the entire medication cannot be recommended. Medrox ointment contains a combination of menthol 5%, capsaicin 0.0375% and methyl salicylate 20%. The MTUS and ODG do not recommend the use of capsaicin in dosages higher than 0.025 % for the treatment of low back pain. Furthermore, the FDA cautions the use of menthol, capsaicin, and/or methyl salicylate topicals due to the potential for chemical burns. As such, the use of this medication cannot be recommended. Consequently, the request is non-certified.

**Lenzagel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** Per the California MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but there is little to no research to support the use of many of these agents. As such, the request is noncertified

**Cidaflex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** Cidaflex is recommended as an option for patients with moderate arthritis pain, especially for knee osteoarthritis. As there is no evidence of significant arthritis/knee

osteoarthritis in the records, the medication cannot be recommended. As such, the request is noncertified

**Ketoprofen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** According to the California MTUS, Ketoprofen may be recommended for osteoarthritis of the knee and hip at the lowest dose for the shortest period of time. It should be used for moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, especially for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. There is insufficient evidence to support functional improvement on Ketoprofen, or evidence of osteoarthritis to warrant usage. As such, the request is noncertified.

**Hydrocodone/Acetaminophen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** According to the California MTUS/ACOEM, Hydrocodone/Acetaminophen is recommended for moderate to moderately severe pain. However, guidelines also state that pain medications are typically not useful in the subacute and chronic phases, and have been shown to be the most important factor impeding recovery of function in patients referred to pain clinics. The long-term use of sustained-release opioid medications may be considered in the treatment of chronic musculoskeletal pain, if the patient has signed an appropriate pain contract, if functional expectations have been agreed to by the clinician and the patient, if pain medications are provided by one physician, and if the patient agrees to use only those medications recommended or agreed to by the clinician. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics as listed above. Therefore, the request is noncertified

**Levofloxacin:** 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:** According to Mosby's Drug Consult, Levofloxacin is a fluoroquinolone anti-infective available for oral, intravenous, or ophthalmic administration. In this case there is insufficient evidence of active infection to support medical necessity. Therefore, the request is noncertified

**Alprazolam:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**Decision rationale:** According to the California MTUS, benzodiazepines such as Alprazolam are not recommended for long-term use as long-term efficacy is unproven, and there is a risk of dependence; most guidelines limit use to four weeks. As this medication is to be used chronically, it cannot be recommended. Therefore, the request is noncertified.