

<b>Case Number:</b>	CM13-0040516		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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:

Patient is a 47-year-old female who has submitted a claim for sprain of thoracic region, cervical intervertebral disc displacement without myelopathy, brachial neuritis, and cervical spinal stenosis, lumbar intervertebral disks displacement without myelopathy, lumbosacral neuritis, lumbar facet joint hypertrophy, insomnia, and headache associated with an industrial injury date of 12/28/2012. Medical records from 2013 were reviewed. Patient complained of neck pain radiating to bilateral upper extremities described as a burning. Patient likewise reported constant low back pain radiating to bilateral lower extremities, graded 6/10 in severity, associated with numbness. Aggravating factors included prolonged sitting, prolonged standing, walking, and bending. Physical examination showed restricted range of motion and tenderness over the cervical and lumbar spine. Triceps reflex at the left was diminished. Motor strength was graded 4/5 at right C5 myotome and bilateral C8 myotomes. Left L2 and L3 myotomes were graded 4/5. Kemp's test and straight leg raise tests were positive bilaterally. Sensation was diminished at the right C5 to C8 and right L2 to L5 dermatomes. Treatment to date has included activity restrictions, cervical epidural steroid injection, physical therapy, chiropractic care, acupuncture, and medications such as Naproxen (since June 2013), Flexeril (since June 2013), Prilosec (since August 2013), Sonata (since August 2013), and compounded product. Utilization review from 10/7/2013 denied the request for Sonata 10 mg, #30 because it was not recommended for long-term use; denied Naproxen 550 mg, #60 because there was no evidence of osteoarthritis and long-term use was not recommended; modified the request for Flexeril 7.5 mg, #60 into quantity 30 for the purpose of weaning because there was no documentation of maintained increase in function or decrease in pain with its use; denied Protonix 20 mg, #60 because patient did not present with gastrointestinal risk factors, and denied Flurbiprofen 20%, 30 gm, Cyclobenzaprine

10%-Gabapentin 10% 30 gm, Tramadol 20% Cream 30 gm because of insufficient published studies concerning its efficacy and safety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SONATA 10MG #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Insomnia Treatment.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG Mental Illness and Stress Chapter states that Zaleplon (Sonata) is indicated for the short-term treatment of insomnia (7-10 days) with a controlled trial showing effectiveness for up to 5 weeks. In this case, the patient has insomnia and is taking Sonata as far back as August 2013. Patient reported sleep improvement upon its use. However, there was no discussion concerning sleep hygiene. Long-term use is likewise not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Sonata 10mg #30 is not medically necessary.

**NAPROXEN 550 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naproxen since June 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen 550 #60 is not medically necessary.

**FLEXERIL 7.5 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Flexeril since June 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Moreover, the most recent physical examination failed to show evidence of muscle spasm. Therefore, the request for Flexeril 7.5 mg #60 is not medically necessary.

**PROTONIX 20 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Protonix since August 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Protonix 20 mg #60 is not medically necessary.

**FLURBIPROFEN 20%,30 GM, CYLCOBENZAPRINE 10%-GABAPENTIN 10% 30 GM, TRAMADOL 20% CREAM 30 GM:** 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:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended for use as a topical analgesic. The topical formulation of tramadol does not show consistent efficacy. In addition, there is little to no research as for the use of Flurbiprofen in

compounded products. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen, Tramadol, Gabapentin, and Cyclobenzaprine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Flurbiprofen 20% 30 gm, Cyclobenzaprine 10%-Gabapentin 10% 30 gm, Tramadol 20% Cream 30 gm is not medically necessary.