

<b>Case Number:</b>	CM13-0052701		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 43 years old female with an injury date on 07/17/2009. Based on the 08/20/2013 hand written progress report provided by [REDACTED], the diagnoses are: 1. Sprain of neck 2. Sprain of lumbar 3. Cervical Radiculitis 4. Thoracic or lumbosacral neuritis According to this report, the patient complains of pain at the cervical spine that radiates to the left upper extremity; pain at the lumbar spine that radiates to the right lower extremity; and right knee pain. Patient's condition has "worsen" with "mild moderate" pain since last exam. The 08/08/2013 report indicates the patient has "constant moderate to frequent sharp pain in the left side of the neck" that radiate to the left occipital and parietal regions and left eye. The patient also complains constant moderate to frequent sharp low back pain. Pain is rated as a 5-7/10. Turning, looking up and down, prolong sitting and prolonged standing would increase the pain. Patient's 08/20/2013 urine toxicology were provided There were no other significant findings noted on this report. The utilization review denied the request on 10/09/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 04/27/2013 to 08/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 70MG #30 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ONLINE VERSION, PAIN CHAPTER

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 08/20/2013 report by [REDACTED] this patient presents with pain at the cervical spine that radiates to the left upper extremity; pain at the lumbar spine that radiates to the right lower extremity; and right knee. The treating physician is requesting Prilosec 70mg #30 1 refill. Patient's current medications are Toprophan, Ultram, and Cyclo-Reto-Lido-Ultra-cream. Prilosec was first mentioned in the 04/27/ 2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of report do not show that the patient has gastrointestinal side effects with medication use. The patient is currently not on Non-Steroidal Anti-Inflammatory Drugs (NSAID). There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of Gastrointestinal (GI) risk. In addition, the treating physician does not mention symptoms of gastritis, reflux or other condition that would require a Proton Pump Inhibitors (PPI's). The request is not medically necessary and appropriate.

**TOPROPHAN #30 1 REFILL:** 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) chapter, Vitamin B [Http://enovachem.us.com/portfolio/toprophan/](http://enovachem.us.com/portfolio/toprophan/)

**Decision rationale:** According to the 08/20/2013 report by [REDACTED] this patient presents with pain at the cervical spine that radiates to the left upper extremity; pain at the lumbar spine that radiates to the right lower extremity; and right knee. The treating physician is requesting Toprophan #30 1 refill. Toprophan is a Medical Nutritional Supplement consisting of vitamin B6, L-Tryptophan, chamomile, valerian extract, melatonin, inositol and other ingredients. MTUS guidelines do not discuss this product but (ODG) Official Disability Guidelines does not support Vit B for chronic pain. There is some support for Tryptophan and melatonin. The treating physician does not explain how this nutritional supplement has been helpful in terms of pain, function and sleep. Given the lack of guidelines support for it's major ingredient, Vit B6, the request is not medically necessary and appropriate.

**CYCLO-KETO-LIDO-ULTRA-CREAM 180GM 1 REFILL:** 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 Cream Page(s): 111-113.

**Decision rationale:** According to the 08/20/2013 report by [REDACTED] this patient presents with pain at the cervical spine that radiates to the left upper extremity; pain at the lumbar spine that radiates to the right lower extremity; and right knee. The treating physician is requesting Cyclo-Reto-Lido-Ultra-cream 180 gm 1 refill. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. In this case, Cyclobenzaprine is not recommended for topical formulation. Lidocaine is not recommended in any formulation other than in a patch formulation and Tramadol is discussed in any of the guidelines for topical formulation. The request is not medically necessary and appropriate.

**ULTRAM 50MG #60 1 REFILL:** 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 CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

**Decision rationale:** According to the 08/20/2013 report by [REDACTED] this patient presents with pain at the cervical spine that radiates to the left upper extremity; pain at the lumbar spine that radiates to the right lower extremity; and right knee. The treating physician is requesting Ultram 50mg #60 1 refill. Ultram was first mentioned in the 04/27/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the reports show that the patient's pain is at 5-7/10. Turning, looking up and down, prolong sitting and prolonged standing would increase the pain. However, analgesia due to the use of Tramadol is not described. ADL, work status and functional/quality of life changes are not described due to Tramadol. Opiate monitoring such as urine toxicology were provided. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary and appropriate.