

<b>Case Number:</b>	CM13-0061514		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/27/2006
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 52 year old male who sustained an injury on 03/27/2006 while lifting a 5 gallon container. The documentation submitted for review indicated the patient had a decompression and fusion on 07/02/2009, at the L4-5 and L5-S1 levels. The patient was evaluated on 06/24/2013, which indicated the patient had complaints of pain to the cervical spine, right shoulder, left shoulder, thoracic spine, and lumbar spine. The documentation submitted for review did not indicate the patient's pain level using a visual analog scale or another numerical scale instrument. The patient indicated he had increased pain with cold weather, sitting longer than 30 minutes, standing in 1 position longer than 15 minutes, walking longer than 15 minutes, bending, kneeling, stooping, forward bending, walking on uneven surfaces, hills, and slanted services; pushing, pulling, going from a seated position to a standing position and vice versa, twisting and turning at the torso, and lifting more than 16 pounds due to his back and leg symptoms. The patient's medications were noted as hydrocodone 750 mg, tizanidine 4 mg, omeprazole 20 mg, Tramadol 50 mg, and alprazolam 1 mg. The physical examination findings were noted as cervical spine tenderness in the spinous process at C6 and C7. The patient was noted to have decreased range of motion to the cervical spine, bilateral shoulders, thoracic spine, and lumbar spine regions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco (Hydrocodone) 10/325mg #60: 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 Opioids, on-going management Page(s): 78-79.

**Decision rationale:** The request for retro Norco (hydrocodone) 10/325 mg #60 is non-certified. The documentation submitted for review did not indicate the patient's pain level using a visual analog scale. Furthermore, the documentation submitted for review did not indicate the patient had any analgesic effect with the use of the medication. The California MTUS Guidelines recommends ongoing management of patients with opioid therapy. The California MTUS Guidelines further state ongoing management should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or no adherent drug-related behaviors. The guidelines further state discontinuation of opioids is supported when there is no overall improvement in function, unless there are extenuating circumstances. The documentation submitted for review did not indicate the patient had any overall improvement in function. The documentation submitted for review did not indicate that there were any extenuating circumstances to continue the use of the medication. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for retro Norco/hydrocodone 10/325 mg #60 is non-certified.

**Retrospective Flexeril (Cyclobenzaprine) 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

**Decision rationale:** The request for retrospective Flexeril (cyclobenzaprine) 7.5 mg #90 is non-certified. The documentation submitted for review indicated the patient had low back pain. The California MTUS Guidelines recommend the use of cyclobenzaprine as an option for a short course of therapy. The documentation submitted for review indicated the patient had been using the medication on a chronic basis. Furthermore, the documentation submitted for review did not indicate the patient suffered from muscle spasms. The analgesic effect of the medication was not addressed. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for retrospective Flexeril/cyclobenzaprine 7.5 mg #90 is non-certified.

**Retrospective Prilosec (Omeprazole) 20mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** The request for retrospective Prilosec (omeprazole) 20 mg #90 is non-certified. The documentation submitted for review did not indicate the patient was taking NSAIDs as part of his pain regimen. The California MTUS Guidelines recommends the use of a PPI for patients who are taking an NSAID and are at high risk for gastrointestinal events. The documentation submitted for review did not indicate the patient was taking an NSAID as part of their pain regimen. Furthermore, the documentation submitted for review did not indicate the patient had any gastrointestinal risks. Therefore, there is no indication for the use of the medication. Given the information submitted for review, the request for retrospective Prilosec (omeprazole) 20 mg #90 is non-certified.

**Retrospective Ketoprofen 20% 30gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for retrospective ketoprofen 20% 30 grams is non-certified. The California MTUS Guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The California MTUS Guidelines does not recommend the use of ketoprofen. The use of ketoprofen is not currently FDA-approved for topical application. Furthermore, the documentation submitted for review did not indicate the use of the topical analgesic as part of the treatment plan. Given the information submitted for review, the request for retrospective ketoprofen 20% 30 grams is non-certified.

**Retrospective Gabapentin 10% 30gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for retrospective gabapentin 10% 30 grams is non-certified. The California MTUS Guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines further state the use of gabapentin as a topical analgesic is not recommended. The guidelines state there is no peer-reviewed literature to support the use of gabapentin as a topical analgesic. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for retrospective gabapentin 10% 30 grams is non-certified.

**Retrospective Tramadol 20% 30gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for retrospective Tramadol 20% 30 grams is non-certified. The California MTUS Guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The use of Tramadol as a topical analgesic is not approved by the FDA. Therefore, the continued use of the medication is not supported. As the medication is not approved by the FDA for topical application, it is therefore not approved by the guidelines for topical application. Given the information submitted for review, the request for retrospective Tramadol 20% 30 grams is non-certified.