

<b>Case Number:</b>	CM13-0070931		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational Medicine 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:

Thus far, the patient has been treated with PRP injection to the right shoulder, physical therapy, acupuncture, chiropractic therapy, home exercises, right wrist brace, condrolite, muscle relaxants, opioids, topoprophan, sedatives, compound topical analgesics, NSAIDs, and EMS/TENS unit. Review of progress notes reports cervical pain radiating to the arms, upper/mid back pain, and low back pain radiating to the legs with numbness and tingling. Patient also has moderate right elbow and wrist pain. Findings include tenderness of the cervical, thoracic, lumbar, right shoulder, right elbow, and right wrist regions; decreased lumbar range of motion; positive cervical compression test; positive straight leg raise test; findings of impingement of the right shoulder; and positive Phalen's test on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR CONDROLITE 500/200/150MG #90 DISPENSED ON 12/02/2013: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Section, Page(s): 50.

**Decision rationale:** Condrolite is a medical supplement consisting of glucosamine sulfate 500mg, chondroitin sulfate 200mg, and MSM 150mg. CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Methylsulfonylmethane (MSM) is not FDA approved. In this case, patient does not have knee osteoarthritis or osteoarthritis of painful body parts that would necessitate use of this supplement. There is no clear rationale for the use of this supplement. Therefore, the retrospective request for condrolite was not medically necessary per the guideline recommendations of MTUS.

**RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 7.5MG #60 DISPENSED ON 12/02/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Page(s): 63.

**Decision rationale:** As stated in CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. There is note of use of this medication since January 2012, but it is unclear whether there were periods wherein it was discontinued or used continuously as recent progress notes do not document the use of this medication. Also, there is no documentation regarding acute exacerbations of pain in this patient that would necessitate a muscle relaxant at this time. Therefore, the retrospective request for Cyclobenzaprine was not medically necessary per the guideline recommendations of MTUS.

**RETROSPECTIVE REQUEST FOR TOPROPHAN 3/100MG #30 DISPENSED ON 12/02/2013: 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), Pain Chapter, Medical Food Section.

**Decision rationale:** Toprophan contains melatonin, tryptophan, valerian, chamomile, niacin, inositol, and B6. The California MTUS does not address this issue. According to the Official Disability Guidelines (ODG), Melatonin is recommended for treatment of insomnia. 5-hydroxytryptophan is possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, sleep disorders, and depression. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. Other components of toprophan are not discussed in the guidelines. In this case, the patient does not present with anxiety, depression, or sleep issues that would support the use of this supplement. There is not enough evidence to support the use of this

combination supplement. Therefore, the retrospective request for topoprophan was not medically necessary per the guideline recommendations of ODG.

**RETROSPECTIVE REQUEST FOR ZOLPIDEM 10MG #30 DISPENSED ON 12/02/2013: 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) Pain Chapter, Zolpidem.

**Decision rationale:** The California MTUS does not address this topic. Per the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. Patient has been on this medication since at least May 2013. There is no documentation regarding sleep issues in this patient. This medication is also not recommended for long-term use. Therefore, the retrospective request for Zolpidem was not medically necessary per the guideline recommendations of ODG and FDA.

**RETROSPECTIVE REQUEST FOR FLURBIPROFEN 20%, TRAMADOL 20% IN MEDIDERM BASE 30GM DISPENSED ON 12/02/2013: Upheld**

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

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

**Decision rationale:** As noted on pages 111-113 in the California MTUS chronic pain medical treatment guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Tramadol is indicated for moderate to severe pain. Medi-Derm is composed of capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG), Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no rationale to support the use of this combination compound, and certain constituents are not recommended for topical use. Therefore, the retrospective request for Flurbiprofen 20%, tramadol 20% in mediderm base was not medically necessary per the guideline recommendations of MTUS and ODG.

**RETROSPECTIVE REQUEST FOR GABAPENTIN 10%, DEXTROMETHORPHAN 10%, AMITRIPTYLINE 10% IN MEDIDERM BASE 30GM DISPENSED ON 12/02/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylates Section.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Dextromethorphan is not addressed in the guidelines. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Medi-Derm is composed of capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. There is note that patient has been using topical creams since May 2013, although unspecified. There is no rationale to support the use of this combination compound, and certain constituents are not recommended for topical use. Therefore, the retrospective request for Gabapentin 10%, dextromethorphan 10%, amitriptyline 10% in mediderm base was not medically necessary per the guideline recommendations of MTUS and ODG.

**URINE DRUG SCREEN PREFORMED 12/02/2013: 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), Drug Testing Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Section, Page(s): 78.

**Decision rationale:** As stated in page 78 of the California MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Documentation notes that patient has had urine drug screens in early 2013, September, and October 2013 which were consistent with prescribed medications although the reports were not submitted. Guidelines recommend bi-annual screening for patients who are at low-risk for opioid addiction. There is no

reason to suspect illicit drug use or improper medication usage in this patient to warrant an additional urine drug screen after two months. Therefore, the retrospective request for urine drug screen was not medically necessary per the guideline recommendations of MTUS.