

<b>Case Number:</b>	CM13-0071580		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Physical Medicine & Rehabilitation, 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 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:

This patient is a 28-year-old female with a date of injury of 03/28/2013. The listed diagnoses according to [REDACTED] are: 1. Cervical sprain/strain. 2. Brachial neuritis. 3. Right shoulder internal derangement. 4. Left shoulder sprain/strain. 5. Right elbow lateral epicondylitis. 6. Left elbow sprain/strain. 7. Bilateral wrist sprain/strain. 8. Bilateral carpal tunnel syndrome. 9. Right knee sprain/strain. 10. Insomnia. According to the 10/10/2013 progress report by [REDACTED], the patient presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands, and right knee pain. Examination of the cervical spine revealed decreased range of motion. Examination of the shoulders revealed decreased range of motion at flexion, extension, abduction, and external rotation bilaterally. There was some positive supraspinatus on the right. Examination of the elbow revealed positive Cozen's on the right and bilateral positive Phalen's test. The treating provider requests "omeprazole 20 mg #60 which is a proton pump inhibitor medication to be taken as directed for the treatment of gastrointestinal irritation, cyclobenzaprine 7.5 mg #60 which is a muscle relaxant medication to be taken as directed for treatment of muscle spasm and cramping, naproxen 550 mg #60 which is a nonsteroidal antiinflammatory medication to be taken as directed for treatment of pain and inflammation and Terocin pain patch wax 10 patches #2 which is a topical analgesic medication to be taken as directed for treatment of minor aches and pains." The treating provider also requests authorization for bilateral wrist braces and MRI scan of the cervical spine, right shoulder, right elbow, right wrist/hand, Genicin #60 capsules, and Somnicin #30 capsules, Terocin 240 mL, flurbi nap cream 180 g, gabacyclotram 180 g. Utilization review denied the requests on 12/02/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI CERVICAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation ODG-TWC guidelines also discuss MR imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>)

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. On 10/10/2013, the employee reported constant neck pain that radiates to the head and upper extremities. The treating provider is requesting an MRI of the cervical spine to confirm suspected disc protrusions. The ACOEM Guidelines page 177 and 178 have the following criteria for ordering images: "Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ACOEM Guidelines may be more appropriately applied for acute and subacute cases. For chronic conditions, the ODG Guidelines recommend MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. Given the employee's "neurologic symptoms" that include radiating upper extremities symptoms, and failure to improve with conservative care, a set of MRIs is reasonable and supported by ODG guidelines. But medical records indicate the employee already had an MRI of the C-spine on 08/14/2013 with [REDACTED], which showed 2-3mm disc protrusion at multi-levels. Recommendation is for denial.

### **MRI RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** On 10/10/2013 the employee presented with constant shoulder pain that radiates down arms and into the hands. There was decreased ROM and positive Supraspinatus on the right. The treating provider is requesting an MRI scan of the right shoulder to confirm suspected internal derangement. ACOEM Guidelines have the following regarding shoulder MRIs, page 207 to 208: "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." Given that the

employee has not had prior MRI, an MRI of the shoulder is appropriate due to suspicion of internal derangement such as rotator cuff pathology. Recommendation is for approval.

**MRI RIGHT ELBOW:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, SHOULDER CHAPTER, 208-209

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding MRI of the elbow, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint."

**Decision rationale:** The treating provider is requesting an MRI of the right elbow to confirm suspected lateral epicondylitis and the review of the reports do not show prior MRI. The ODG guidelines have the following regarding MRI of the elbow: "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." This employee has not improved with conservative care, continues to be symptomatic around the elbow with positive Cozen's. The ODG allows for an MRI for various different diagnoses of the elbow. The employee has not had an MRI of elbow, it appears. Recommendation is for authorization.

**MRI RIGHT WRIST AND HAND:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the wrist, ODG guidelines states, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, and avascular neurosis."

**Decision rationale:** The treating provider is requesting an MRI scan of the right wrist/hand to confirm suspected carpal tunnel syndrome and to rule out tendinopathy. Review of the medical file indicates the employee has not had prior imaging. The ACOEM guidelines chapter 11 pg 268-269 have the following regarding special studies and diagnostic and treatment considerations: "for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation." For

MRI of the wrist, the ODG guidelines state, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, and avascular neurosis." In this case, the treating provider describes well over 6 months of right wrist complaints. At this point, due to the chronicity of the issue and positive Phalen's and carpal tunnel compression test, a MRI of the right wrist is warranted. The requested MRI of the right wrist is medically necessary and recommendation is for approval.

**INTERSPEC INTERFERENTIAL II AND MONTHLY SUPPLIES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 118-119

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Interferential Current Stimulation (ICS) Page(s):.

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. The treating provider is requesting an interferential unit and monthly supplies. The MTUS Guidelines page 118 to 120 indicate interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." In this case, the treating provider lacks to provide duration of recommended use of the unit. If MTUS criteria have been met a one-month trial may be appropriate. Recommendation is for denial.

**CYCLOBENZAPINE HYDROCHLORIDE 7.5 MG #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MUSCLE RELAXANT, 63-64

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®, Amrix®, Fexmid<sub>z</sub>, generic available) Page(s): 64.

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. The treating provider is requesting cyclobenzaprine 7.5 mg #60 as a muscle relaxant medication to be taken as directed for the treatment of muscle spasm and cramping. The MTUS guidelines, page 64, state "cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." In this case, this is an initial prescription for cyclobenzaprine. The MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm

and no more than 2 to 3 weeks. The treating provider is requesting #60. Recommendation is for denial.

**TEROCIN PAIN PATCH BOX (10 PATCHES) #2: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Terocin patches contain salicylate, capsaicin, menth.

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. The treating provider is requesting Terocin pain patch #10 patches 2 boxes to be taken as directed for treatment of minor aches and muscle pains. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 indicate under lidocaine: "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." This is the initial prescription for Terocin patches. This employee presents with neuropathic pain for which this medication is indicated and a trial of Terocin patches may be indicated. Recommendation is for approval.

**GENICIN #90 CAPSULES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GLUCOSAMINE (AND CHONDROITIN SULFATE), 50

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines For Glucosamine Page(s): 50.

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. The treating provider is requesting Genicin #90 which is a glucosamine sodium 500 mg which is to be taken as directed for the treatment of arthritic pain. For Glucosamine, the MTUS guidelines page 50 has the following: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride." In this case, medical records do not document any arthritic knee condition. The employee has a diagnosis of right knee sprain/strain. MRI of the right knee from 08/17/2013 showed increase fluid into lateral compartment. Recommendation is for denial.

**SOMNICIN # 30 CAPSULES: 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) ODG guidelines on Vitamin B, 5-hydroxytryptophan, Melatonin Other Medical Treatment Guideline or Medical Evidence: The search on the web indicates "Somnicin is an oral medication of natural ingredients, helps and promotes sleep." Active Ingredients are Melatonin 2 mg, 5-HTP (5-hydroxytryptophan) 50 mg, L-tryptophan 100 mg, Vitamin B6 (pyridoxine) 10 mg, Magnesium 50 mg. (<http://sales.advancedrxmgt.com/salescontent/uploa>

**Decision rationale:** The treating provider is requesting Somnicin. The MTUS, ACOEM and ODG guidelines do not discuss Somnicin. The search on the web indicates "Somnicin is an oral medication of natural ingredients, helps and promotes sleep." Active Ingredients are Melatonin 2 mg, 5-HTP (5-hydroxytryptophan) 50 mg, L-tryptophan 100 mg, Vitamin B6 (pyridoxine) 10 mg, Magnesium 50 mg. (<http://sales.advancedrxmgt.com/salescontent/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>). Somnicin is a supplement and it is not FDA approved to treat any medical condition and cannot be considered a medical treatment for any condition. It does not fit the Labor Code 4610.5(2) definition of medical necessity. "'Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury..." The ODG guidelines do address some of these items separately, and do not recommend melatonin-receptor agonist for more than 7-10 days, do not recommend Vitamin B supplements and 5-hydroxytryptophan is recommended for use with caution. Given that some of the ingredients lack guidelines support, recommendation is for denial.

**URINALYSIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 43, 78

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Drug testing, On-Going Management, Opioids, differen. Decision based on Non-MTUS Citation ODG guidelines have the following regarding Urine Drug Screen

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. The treating provider is requesting a urine drug test. While MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risks of opiate users, the ODG Guidelines provide clear recommendation. It recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. In this case, this employee is not noted to be taking any opioids. The employee's medication regimen includes Naproxen, cyclobenzaprine, Genicin, Terocin patches and topical creams. Recommendation for the urine

drug screen is not recommended as the employee is not taking any opioids. Recommendation is for denial.

**TEROCIN 240 ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. The treating provider is requesting Terocin 240 mL. Terocin topical cream contains capsaicin, methyl salicylate, menthol, and lidocaine. The MTUS Guidelines page 111 have the following regarding topical creams: "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to the MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is for denial.

**FLURBI (NAP) CREAM LA 180 GMS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. The treating provider is requesting flurbi nap cream 180 g to be applied 2 to 3 times a day as needed for treatment of pain and inflammation. Flurbi cream includes the ingredients flurbiprofen, lidocaine, and amitriptyline. For Flurbiprofen, the MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the employee does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 have the following regarding topical creams: "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The MTUS further states, "Any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended." Recommendation is for denial.

**GABACYCLOTRAM 180 GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111-113

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

**Decision rationale:** This employee presents with neck, right shoulder, bilateral elbows, bilateral wrist/hands and right knee pain. The treating provider is requesting gabacyclotram 180 g to be applied 2 or 3 times a day as needed for the treatment of pain and inflammation. Gabacyclotram includes gabapentin, cyclobenzaprine, and Tramadol. The MTUS Guidelines regarding topical analgesics states that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." The MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Gabapentin is not recommended as a topical formulation. Recommendation is for denial.