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| <b>Case Number:</b>   | CM13-0072143 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 10/12/2012 |
| <b>Decision Date:</b> | 06/11/2014   | <b>UR Denial Date:</b>       | 12/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant presents with chronic pain following a work related injury on 10/12/12. On 10/14/13, the claimant presented with occasional headaches and dizziness; moderate dull, achy, sharp low back pain; stiffness; and weakness. The claimant also complained of intermittent mild dull, achy left shoulder pain, stiffness, and weakness, associated with overhead reaching. The pain is associated with loss of sleep. The physical exam revealed 3+ plus tenderness and muscle spasm of the cervical and lumbar paravertebral muscles, limited cervical range of motion, pain with cervical distraction, positive cervical compression, decreased and painful range of motion in the lumbar spine, positive Kemp's test, decreased left shoulder range of motion, and 3+ tenderness of the supraspinatus and trapezius and positive supraspinatus press. The claimant had one session of lumbar spine spinal decompression, physical therapy, the use of a TENS unit, and heat pads. The claimant was diagnosed with cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, and left shoulder sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Page(s): 64.

**Decision rationale:** The peer-reviewed medical literature does not support long-term use of Cyclobenzaprine (Flexeril) in chronic pain management. Additionally, per the California MTUS, Cyclobenzaprine should be used only on the short-term, as the effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Furthermore, the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. As such, the request is not medically necessary.

**PROTONIX 20 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** The California MTUS states that proton pump inhibitors such as Protonix are not recommended for long term use, as they increase the chance of hip fractures. Because of this side effect, if there are possible gastrointestinal issues, another agent such as acetaminophen should be used. As such, the request is not medically necessary.

**NORCO 10/325 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**Decision rationale:** Page 79 of the MTUS guidelines states that the weaning of opioids is recommended if (a) there is no overall improvement in function, unless there are extenuating circumstances; (b) there is continuing pain with evidence of intolerable adverse effects, (c) there is a decrease in functioning; (d) there is resolution of pain; (e) there is serious non-adherence by the patient; and/or (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. As such, the request is not medically necessary.

**OMEPRAZOLE 20 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** The California MTUS states that proton pump inhibitors such as Omeprazole are not recommended for long term use, as they increase the chance of hip fractures. Because of this side effect, if there are possible gastrointestinal issues, another agent such as acetaminophen should be used. As such, the request is not medically necessary.

**FLURBIPROFEN 20% TRAMADOL 20% TOPICAL CREAM:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. They recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as anti-depressants, or AEDs. They are not recommended for non-neuropathic pain. The claimant was not diagnosed with neuropathic pain. As such, the request is not medically necessary.

**DEXAMETHORPHAN 10% GABAPENTIN 10% AMITRIPTYLINE 10% TOPICAL CREAM:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. They recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, such as anti-depressants, or AEDs. They are not recommended for non-neuropathic pain. The claimant was not diagnosed with neuropathic pain. As such, the request is not medically necessary.