

<b>Case Number:</b>	CM14-0003380		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 & Rehabilitation, 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 injured worker is a 40-year-old female who reported an injury on 03/08/2012. The mechanism of injury was tripping over a box. The injured worker's medication history included proton pump inhibitors (PPIs), benzodiazepines, opiates and topical as of 05/2013. The muscle relaxants were noted on 07/13/2013. The documentation of 12/04/2013 revealed the injured worker had palpable muscle spasms, as such, cyclobenzaprine was being prescribed. It was indicated the injured worker had gastrointestinal symptoms and as such omeprazole delayed release capsules 20 mg #120 were being prescribed. It was indicated that the injured worker had sleep disturbances and that the quazepam 50 mg, quantity 30, was to be taken nightly for sleep difficulties. It was indicated that Tramadol hydrochloride ER 150 mg #90 was being prescribed for acute pain. It is to be taken once daily. It was indicated the injured worker had severe pain while in the office and had benefited from a short course of medication in the past. Additionally, the medication Terocin patch was being prescribed for the treatment of mild to moderate acute or chronic aches or pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST (DOS: 12/4/13) FOR OMEPRAZOLE DR 20MG #120:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend proton pump inhibitors (PPIs) for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy. The clinical documentation submitted for review indicated the injured worker was to take the medication for gastrointestinal symptoms and it should be taken one capsule by mouth every twelve hours as needed for upset stomach. The injured worker was utilizing the medication for more than six months. The efficacy was not noted. The clinical documentation submitted for review failed to support a necessity for 120 tablets. Given the above, the retrospective request (DOS: 12/04/2013) for omeprazole DR 20 mg #120 is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 12/4/13) FOR CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing medication since 07/2013. There was a lack of documentation of efficacy for the requested medication. The documentation indicated the injured worker had palpable muscle spasms. It was indicated the injured worker had a brief course of the medication in the past and had significant improvement in spasms. The clinical documentation indicated the injured worker had been taking the medication for greater than 6 months. However, there was a lack of documentation of objective functional improvement. There was a lack of documentation indicating a necessity of 120 tablets. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the retrospective request (DOS: 12/04/2013) for cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 12/4/13) FOR TRAMADOL HYDROCHLORIDE ER 150MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT, Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had undergone previous urine drug screens. The clinical documentation indicated the injured worker had been utilizing medication for greater than 6 months. The request, as submitted, was for one tablet once a day as needed for pain. However, the prescription was written for 90 tablets. There was a lack of documentation indicating a necessity for 90 tablets. There is lack documentation of objective functional benefit and an objective decrease in pain. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the retrospective request (DOS: 12/04/2013) for Tramadol hydrochloride ER 150 mg #90 is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 12/4/13) FOR QUAZEPAM 15MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. As such, continued use will not be supported. The request, as submitted, failed to indicate the frequency for the medication. Given the above, the retrospective request (DOS: 12/04/2013) for quazepam 15 mg #30 is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 12/4/13) FOR TEROGIN PATCH #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATE, TOPICAL ANALGESIC, LIDOCAINE, Page(s): 105, 111, 112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine/Lidoderm: No other commercially approved topical formulations of lidocaine

(whether creams, lotions or gels) are indicated for neuropathic pain. The California MTUS guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review indicated the injured worker had been utilizing topical medications for greater than 6 months. There was a lack of documented efficacy. There is a lack of documentation indicating the injured worker had neuropathic pain and that the injured worker had a trial and failure of antidepressants and anticonvulsants. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the retrospective request (DOS: 12/04/2013) for Terocin patch #10 is not medically necessary.