

<b>Case Number:</b>	CM14-0003759		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	12/26/2001
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Illinois. 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 64-year-old female who reported an injury on 12/26/2001. The mechanism of injury was not provided. Per the 11/27/2013 clinical note, the injured worker reported neck, upper back, and right shoulder pain, headaches, difficulty sleeping, and gastroesophageal reflux disease (GERD) symptomatology. Physical exam findings included tenderness of the shoulders with a positive impingement sign on the right. Cervical and thoracic spine range of motion was decreased with tenderness and spasm. The injured worker demonstrated a mildly positive Spurling's sign on the right. The injured worker's diagnoses included cervical and upper thoracic strain with disc bulges at C4-5 and C5-6, status post right shoulder surgery, left shoulder strain, secondary insomnia due to pain, and gastrointestinal upset. The injured worker's medications regimen included Norco, Flexeril, Xoten lotion, and Nizatidine. The injured worker was using an OrthoStim four times a day with home exercises. The request for authorization form for Xoten lotion, Nizatidine, Flexeril, Norco, and OrthoStim was submitted on 12/10/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUATION OF XOTEN LOTION (APPLY TO AFFECTED AREAS FOUR (4) TIMES A DAY):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**Decision rationale:** The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, the MTUS indicate that any compounded product containing at least one drug that is not recommended is not recommended. The active ingredients in Xoten lotion are menthol and methyl salicylate. The MTUS guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The medical records provided indicate an ongoing prescription for Xoten lotion. The efficacy of the medication is unclear. In addition, the request does not contain the specific quantity of the request. As such, the request is non-certified.

**CONTINUATION OF NIZATIDINE 150MG, #60 PER MONTH, 1 TABLET TWICE DAILY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA. TREATING AND PREVENTING ULCERS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**Decision rationale:** The CA MTUS guidelines state histamine H2-receptor antagonists as an option for dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy. The submitted notes indicate that the injured worker has "gastroesophageal reflux disease (GERD) symptomatology, improved." There is a lack of specifics regarding possible dyspepsia to warrant the use of Nizatidine at this time. As such, the request is non-certified.

**CONTINUATION OF ORTHOSTIM (USAGE: FOUR (4) TIMES PER DAY):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 114-121. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**Decision rationale:** The CA MTUS guidelines state that transcutaneous electrical nerve stimulation (TENS) for chronic pain is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There should be evidence that other appropriate pain modalities have been tried (including medication) and

failed. The medical records provided indicate the injured worker has been using an OrthoStim unit since at least 01/17/2013, exceeding the one-month period recommended by the MTUS guidelines. There is no evidence the injured worker tried and failed other pain modalities. The efficacy and site of the treatment is unclear. The submitted request does not specify the site of treatment. The medical necessity for the continued use of an OrthoStim unit was not established. As such, the request is non-certified.

**CONTINUATION OF NORCO 10/325MG, ONE TABLET FOUR TIMES A DAY AS NEEDED, #100 PER MONTH: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE/OPIOIDS FOR CHRONIC PAIN, Page(s): 80-82.

**Decision rationale:** Regarding opioid management, the CA MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records provided indicate an ongoing prescription for Norco since at least 01/17/2013. The injured worker reported her pain was 5-6/10 with Norco and 10/10 without it. The provider noted there was no aberrant behavior. There is a lack of documentation regarding functional improvement, side effects, and a full pain assessment to evaluate the efficacy of the medication. As such, the request is non-certified.

**PRESCRIPTION OF FLEXERIL 10MG, UP TO THREE (3) TIMES PER DAY, #90 PER MONTH: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-SEDATING MUSCLE RELAXANTS, Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL®), Page(s): 41-42. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

**Decision rationale:** The CA MTUS guidelines recommend Flexeril as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The treatment should be brief. The medical records provided indicate an ongoing prescription for Flexeril since at least 01/17/2013. The efficacy of the medication is unclear. The guidelines do not support the long term use of Flexeril. As such, the request is non-certified.