

<b>Case Number:</b>	CM14-0006866		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 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:

The patient is a 37-year-old female who has filed a claim for bilateral carpal tunnel syndrome and plantar fasciitis associated with an industrial injury date of August 27, 2013. Reviews of progress notes reports pain in the feet radiating to both legs, and pain in the left wrist and bilateral hands radiating to both arms. There is tingling and weakness in the hands and feet, and numbness in the hands. Findings include tenderness of the bilateral ankles. Positive Tinel's sign is noted on the right, and positive Phalen's sign is noted bilaterally. The treatment to date has included non-steroidal anti-inflammatory drug (NSAID), opioids, muscle relaxants, Dendracin cream, cold and warm therapy, massages, and steroid shots. A utilization review from December 23, 2013 denied the request for Flexeril 7.5mg #60 as this is not recommended for long-term use and Dendracin lotion as there is no documentation of failure of first line therapy. There is partial certification for Tramadol ER 150 mg for 20, and Prilosec 20 mg for 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 150 MG (DISPENSED) QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL, Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

**Decision rationale:** As noted in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since November 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Tramadol ER #30 is not medically necessary.

**FLEXERIL 7.5 MG (DISPENSED) QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

**Decision rationale:** As stated in CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The patient has been on this medication since November 2013. However, there is no documentation regarding muscle spasms to necessitate the use of this medication. Therefore, the request for Flexeril 7.5mg, #60 is not medically necessary.

**PRILOSEC 20 MG (DISPENSED) QTY: 60.00:** 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 Chronic Pain Medical Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPIs) are used in patients on non-steroidal anti-inflammatory drug (NSAID) therapy who are at risk for gastrointestinal (GI) events. The risk factors include age older than 65 years, history of peptic ulcer, GI bleed, or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. The use of PPI more than one year has been shown to increase the risk of hip fracture. The patient has been on this medication since November 2013. However, this patient does not have the risk factors as mentioned above. Therefore, the request for Prilosec 20mg #60 is not medically necessary.

**DENDRACIN LOTION (DISPENSED) QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Topical salicylates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,105,111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Topical salicylates.

**Decision rationale:** Dendracin contains methyl salicylate, menthol, and capsaicin 0.0375%. The California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Menthol component, the CA MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG), Pain Chapter states that the Food and Drug Administration (FDA) has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the CA MTUS states that salicylates topical are significantly better than placebo in chronic pain. Regarding the Capsaicin component, the CA MTUS states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. There are no studies of a 0.0375% formulation, and no indication that this increase over 0.025% provides further efficacy. In this case, the patient has been on this medication since November 2013. However, there is no documentation regarding failure of or intolerance to first-line therapies. Also, there is not enough evidence to support the use of this formulation. Therefore, the request for Dendracin lotion is not medically necessary.