

<b>Case Number:</b>	CM14-0104528		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 51-year-old male who has submitted a claim for thoracic spine sprain/strain, lumbar spine sprain/strain, and history of diabetes associated with an industrial injury date of 9/26/2013. Medical records from 2014 were reviewed. The patient complained of intermittent right wrist and hand pain aggravated by grasping, pushing and pulling. It was associated with numbness, tingling sensation, weakness and loss of grip strength. The patient likewise experienced low back pain radiating to the right lower extremity, associated with numbness and tingling sensation. Aggravating factors included prolonged standing, walking, lifting, and bending. The patient reported intermittent right knee pain with episodes of pain and giving way. The patient also complained of intermittent right foot and ankle pain aggravated by prolonged standing, walking, and bending. The patient experienced symptoms of anxiety, depression, insomnia and nervousness. The patient had been working as a preparer for a shop since December 2013. Physical examination showed tenderness over the parathoracic and paralumbar muscles. Range of motion of the lumbar spine was painful. Straight leg raise test was positive bilaterally at 40 degrees. Reflexes were normal. Jamar grip exam showed that right grip was 22/22/22 kg versus 32/32/32 kg at the left. The documented rationale for a functional capacity evaluation is to determine if patient is able to return to his usual and customary occupation. Treatment to date has included use of a TENS unit, hot/cold modality, physical therapy, and medications such as compounded creams, cyclobenzaprine, naproxen, and omeprazole (all since May 2014). Utilization review from 6/18/2014 denied the requests for Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% cream to be applied to affected areas and Amitriptyline/Dextromethorphan/Gabapentin CMC cream to be applied to affected areas because of lack of published studies concerning its efficacy and safety; denied Menthoderm (Methyl Salicylate 5% Menthol 10%) gel because there was no documentation of failure of oral

medications; denied Cyclobenzaprine 7.5mg #90, one (1) by mouth (PO) every eight (8) to twelve (12) hours as needed for muscle relaxant because there was no evidence of muscle spasms; denied Omeprazole 20mg #30, one (1) by mouth (PO) two (2) times daily because there was no evidence of gastritis or gastrointestinal upset; denied lumbar spine support because there was no documentation that patient was in post operative state, had fracture, or instability; denied functional capacity evaluation because there was no documentation that the patient was at or near maximal medical improvement; and denied Functional improvement assessment every thirty (30) days while undergoing treatment because assessment can be made clinically in the office.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% cream to be applied to affected areas:**  
Upheld

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. The topical formulation of tramadol does not show consistent efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen, tramadol, and Cyclobenzaprine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% cream to be applied to affected areas is not medically necessary.

**Amitriptyline/Dextromethorphen/Gabapentin CMC cream to be applied to affected areas:**  
Upheld

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

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

**Decision rationale:** As stated on pages 111-113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug.

Dextromethorphan is not addressed in the guidelines. The MTUS does not support the use of opioid medications and gabapentin in a topical formulation. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains amitriptyline, Dextromethorphan, and gabapentin, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Amitriptyline/Dextromethorphan/Gabapentin CMC cream to be applied to affected areas is not medically necessary.

**Mentoderm (Methyl Salicylate 5% Menthol 10%) gel: Upheld**

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

**MAXIMUS 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 SECTION, TOPICAL SALICYLATES.

**Decision rationale:** Regarding the Menthol component, the MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. On page 105 of the MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. There is likewise no discussion concerning intolerance to oral medications that may warrant this request. Therefore, the request for Mentoderm (Methyl Salicylate 5% Menthol 10%) gel is not medically necessary.

**Cyclobenzaprine 7.5mg #90, one (1) by mouth (PO) every eight (8) to twelve (12) hours as needed for muscle relaxant: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 CYCLOBENZAPRINE Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient has been on cyclobenzaprine since May 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. There is likewise no evidence of muscle spasm to warrant its use. Therefore, the request for Cyclobenzaprine 7.5mg

#90, one (1) by mouth (PO) every eight (8) to twelve (12) hours as needed for muscle relaxant is not medically necessary.

**Omeprazole 20mg #30, one (1) by mouth (PO) two (2) times daily:** 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 9792.24.2., NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** As stated on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since May 2014. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole 20mg #30, one (1) by mouth (PO) two (2) times daily is not medically necessary.

**Lumbar spine support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition, Updated Low Back Chapter (2008), lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As stated on the MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, patient has low back pain since the industrial injury date of 9/26/2013. However, the request for a back brace as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. There is no discussion concerning need for variance from the guidelines. Therefore, the request for lumbar spine support is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition, Independent Medical Examinations and Consultations Chapter; Official Disability Guidelines, Fitness for Duty Chapter, functional capacity evaluation (FCE) chapter, Guidelines for performing an FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139 OFFICIAL DISABILITY GUIDELINES (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION.

**Decision rationale:** As stated on pages 132-139 of the MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The FCE should not be performed if the worker has not returned to work and an ergonomic assessment has not been arranged. In this case, the documented rationale for a functional capacity evaluation is to determine if patient is able to return to his usual and customary occupation. However, review of progress reports showed that patient had been working as a preparer for a shop since December 2013. Furthermore, there is no job specific description submitted which is recommended by the guidelines. There is likewise no ergonomic assessment of the workplace which is required since the patient has already resumed working. The medical necessity cannot be established due to insufficient information. Therefore, the request for functional capacity evaluation is not medically necessary.

**Functional improvement assessment every thirty (30) days while undergoing treatment:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition, Independent Medical Examinations and Consultations Chapter; Official Disability Guidelines, Fitness for Duty Chapter, functional capacity evaluation (FCE) chapter, Guidelines for performing an FCE.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.