

<b>Case Number:</b>	CM14-0011804		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/27/2004
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 claimant was injured on 01/27/04 and multiple medications are under review. They include oral and topical medications. The claimant has multiple pain complaints and also had cervical spine tenderness with pain at end range of motion. The bilateral shoulders were tender anteriorly. There was pain and weakness at terminal ranges of motion. The right wrist and hand demonstrated degenerative changes in the digits. The left hand had a weak grip with positive Tinel's and Phalen's sign and positive Finkelstein's test. There were no palpable nodules over the flexor tendon sheath of the right thumb and right ring finger. The claimant saw [REDACTED] on 04/28/14. Her nonsteroidal anti-inflammatory medications had aggravated her GERD and she was complaining of reflux daily despite Prilosec. She was advised continue Prilosec and decrease her nonsteroidal anti-inflammatories. She is status post right shoulder surgery x2 several years ago and had neck surgery in May 2011. She had nerve testing in June 2012 and had right carpal tunnel release in June 2013 and left carpal tunnel release in January 2014. She was also diagnosed with depression. She has had extensive treatment. On 09/03/13, Naproxen, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole, and Tramadol were recommended. On 08/14/13, she was prescribed multiple medications including Medrol dosepak. She continued to see the treating physician approximately monthly but her pattern of use of medications was not described. On 11/12/13, she was prescribed Menthoderm and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride tablets 7.35mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 74.

**Decision rationale:** The history and documentation do not objectively support the request for Cyclobenzaprine. The MTUS Chronic Pain Medical Treatment guidelines state for Cyclobenzaprine (Flexeril), recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Additionally, MTUS and ODG state relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication is to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. Upto date for Flexeril also recommends do not use longer than 2-3 weeks and is for short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions. The medical documentation provided does not establish the need for long-term/chronic usage of cyclobenzaprine, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Cyclobenzaprine Hydrochloride 7.35 mg #120 is not medically necessary.

**Omeprazole delayed-release capsules 20mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)(Pain chapter); FDA (Omeprazole).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for Omeprazole at this time. The MTUS state re: PPIs patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to the gastrointestinal tract to support the use of this medication.

Continued use of any medication can only be recommended when clear benefit has been documented, including improved function for the treated person. As such, this request for Omeprazole delayed release capsules 20 mg #120 is not medically necessary.

**Mentherm gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Mentherm gel. The MTUS state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of failure of all other first line drugs. The MTUS also state before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The claimant received refills of other medications with no evidence of side effects or lack of effect. It is not clear what additional benefit may be anticipated from the use of a topical gel when a pain patch was also recommended. As such, this request for Mentherm gel is not medically necessary.

**Terocin patch QTY 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Terocin patches #10. The MTUS state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of failure of all other first line drugs. The MTUS also state before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication

change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The claimant received refills of other medications with no evidence of side effects or lack of effect. It is not clear what additional benefit may be anticipated from the use of a pain patch when a topical gel was also recommended. As such, this request for Terocin patch qty 10 is not medically necessary.