

<b>Case Number:</b>	CM14-0013067		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of August 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; a dietary supplement; adjuvant medications; muscle relaxants; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 23, 2014, the claims administrator partially certified a request for Dyotin as generic Gabapentin, partially certified a request for Flurbitac as standalone oral Flurbiprofen, denied a request for ranitidine, denied a request for TheraFlex transdermal cream, denied a request for Keratek cream, and partially certified a request for Vicosteron as Hydrocodone-acetaminophen alone. The Utilization Review Report was over 15 pages long and very difficult to follow. An earlier progress note dated January 8, 2014 is notable for comments that the applicant reported ongoing complaints of mid back, low back, and neck pain with associated symptoms with range of motions of multiple body parts. The applicant was given prescriptions for glucosamine, Dyotin, Flurbitac, TheraFlex, and Keratek. The applicant was described as retired. There was no discussion of medication efficacy. On January 10, 2014, the applicant consulted a pain management physician and was given prescriptions for Benadryl, Motrin, Norco, Prilosec, and Soma. The applicant did not appear to be working. It was stated that the applicant was stable but did exhibit limited range of motion about lumbar spine. 10/10 pain was reported. Again, there was no discussion of medication efficacy. In an earlier note of October 18, 2013, the applicant was again described as having chronic musculoskeletal pain. It was stated that the medications including Hydrocodone and Soma were providing pain relief. Benadryl, Motrin, Norco, Prilosec, and Soma were endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **DYOTIN (GABAPENTIN/PYRIDOXINE) 250/10 MG, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin section. Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent on the attending provider to document improvements in pain and function with each visit in applicants using gabapentin, one of the components in the compound here. In this case, however, there has been no clear documentation of medication efficacy. There has been no clear discussion or mention of improvements in pain and function achieved as a result of ongoing Dyotin (gabapentin) usage. The applicant does not appear to be working. The applicant's pain complaints appear to be heightened. There is no evidence that the ongoing usage of Dyotin (or other medications) has been beneficial here. There has been no clear mention or discussion of improvements in pain in function achieved as a result of ongoing Dyotin usage. Therefore, the request is not medically necessary.

### **FLURBITAC (FLURBIPROFEN/RANITIDINE) 100/100 MG, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, ranitidine, one of the elements in the compound here, is recommended in the treatment of NSAID-induced dyspepsia. In this case, however, there is no mention of NSAID-induced dyspepsia furnished on any recent progress note. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the MTUS-adopted ACOEM Guidelines both state that an attending provider should take into consideration comorbid conditions, side effects, cost, and efficacy of medications as well as other medications into the choice of medications prescribed. In this case, however, the attending provider has not furnished any compelling information, rationale, narrative, or commentary which would support usage of the Flurbitac compound here. It is unclear if the attending provider was aware that the applicant's other treating provider, pain management physician, had concurrently furnished the applicant with a prescription for ibuprofen. It is unclear whether the applicant is in fact using

both Flurbitac and ibuprofen concurrently. Therefore, the request is not medically necessary, for all of the stated reasons.

**THERAFLEX TRANSDERMAL CREAM (FLURBIPROFEN): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** One of the ingredients in the cream, Flexeril, is a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**KERATEK GEL 4 OUNCE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Keratek which are deemed, as a class, "largely experimental", per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concurrent usage of multiple oral pharmaceuticals, including Motrin, Norco, Soma, etc. effectively obviates the need for the largely experimental topical compound proposed here. Therefore, the request is likewise not medically necessary..

**VICOSETRON (HYDROCODONE/ACETAMINOPJEN/ONDANSETRON) 10/300/2 MG, #40: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. Food and Drug Administration, FDA Ondansetron Medication Guidelines.

**Decision rationale:** As with many other requests, the prescribing provider is seemingly unaware that the applicant's pain management physician is prescribing a number of other medications to the applicant concurrently. The applicant's pain physician is prescribing the applicant with Norco. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, no justification was provided for concurrently usage of Vicodin and Norco. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further states that an applicant should generally obtain an opioid prescription from a single practitioner and from a single pharmacy. In this case, no rationale for provision of opioid medications from two separate providers has been furnished. While the MTUS does not address the topic of ondansetron or Zofran, one of the ingredients in the oral compound here, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that it is incumbent upon the attending provider to furnish evidence for usage of medications for non-FDA labeled purposes. The FDA, in this case, states that ondansetron or Zofran can be used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant has had any recent cancer chemotherapy, radiation therapy, and/or surgery. Thus, the ondansetron component in the compound is being used for non-FDA labeled purposes. The attending provider has not furnished any compelling rationale for usage of the same. Therefore, the request is not medically necessary, for all of the stated reasons.