

<b>Case Number:</b>	CM14-0163575		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/15/1977
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 60 year old male with a date of injury on 5/5/1977. Subjective complaints are of worsening left knee pain with locking and catching. Physical exam shows diffuse left knee tenderness and a positive McMurray's sign. X-rays of the left knee show no progression of degenerative changes. Treatment consists of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Orphenadrine/Caffeine 50/10mg Cap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and does not show objective evidence of muscle spasm or functional

improvement with this medication. Therefore, the medical necessity of orphenadrine/caffeine is not established.

**120 Gabapentin/Pyridoxine 250mg/10mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (antiepilepsy drugs) Page(s): 16.

**Decision rationale:** CA MTUS indicates that gabapentin is an anti-seizure medication that is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify any documentation that demonstrated objective neuropathic pain and pain relief or functional improvement was not documented with this medication. Therefore, the medical necessity for gabapentin is not established.

**60 Omeprazole 10mg/Flurbiprofen 100 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risk Page(s): 67-69.

**Decision rationale:** According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is on chronic NSAID therapy, and is using omeprazole for GI prophylaxis. CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief pain. For this patient, moderate pain is present in the knee. Compounded drugs are not recommended as first line therapy, and there is no clinical reasoning why these medications should be packaged together. Therefore, the medical necessity for flurbiprofen/omeprazole is not established.

**40 Hydrocodone/APAP/Ondan 10/300/2mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic) Ondansetron

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics and on Other Medical Treatment Guideline or Medical Evidence: FDA: Ondansetron [www.drugs.com](http://www.drugs.com)

**Decision rationale:** Ondansetron has FDA approval for short term use for nausea after anesthesia or chemotherapy, and for acute symptoms of gastroenteritis. Ondansetron, as per ODG guidelines is also not recommended for nausea secondary to opioid therapy. For this patient there is no evidence of surgery or chemotherapy, or documentation of acute nausea or vomiting. Therefore, the requested prescription for Ondansetron is not medically necessary. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, compounded drugs are not recommended as first line therapy, and there is no clinical reasoning why these medications should be packaged together. Therefore, the medical necessity of hydrocodone/ondansetron is not established at this time.

**1 prescription of Kera-tek Analgesics gel #4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylates Page(s): 111-113, 104.

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Therefore, the medical necessity for Kera-Tek gel is not established at this time.

**1 prescription of Flurbiprofen/Cyclo/Menth Cream 20%/10%/4%, 180gm:** Upheld

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

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

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines flurbiprofen, menthol, and cyclobenzaprine. Guidelines do not recommend topical cyclobenzaprine as no peer-reviewed literature supports its use. Therefore, the use of this

compounded medication is not consistent with guideline recommendations and the medical necessity is not established.