

<b>Case Number:</b>	CM14-0020177		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/10/2006
<b>Decision Date:</b>	07/04/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 neck pain, bilateral shoulder pain, right elbow pain, and right wrist pain reportedly associated with an industrial injury of July 10, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report dated January 27, 2014, the claims administrator apparently approved a request for Naprosyn, denied a request for Terocin patches, denied a request for Protonix, denied a request for tramadol, and denied a request for Flexeril. The claims administrator cited a variety of non-MTUS guidelines, including ODG Guidelines in regard to the request for Flexeril. Overall rationale was quite sparse, but the denials were seemingly predicated on lack of ongoing improvement with the medications in question. The applicant's attorney subsequently appealed. A February 4, 2014 progress note was notable that the applicant was off of work and had not worked since 2006. The applicant apparently collected worker's compensation indemnity payments for three years, it was stated. The applicant has a pending functional capacity evaluation, it was stated. The applicant presented with shoulder, elbow, and neck pain. Portions of the applicant's claim have been contested by the claims administrator, it was stated. Trigger point injection therapy and epidural injections were unsuccessful, it was stated. The applicant exhibited tenderness about the cervical spine, it was noted. Blood work, electrodiagnostic testing, and medications were refilled, including Naprosyn, Ultracet, Lidopro, and Terocin patches. The applicant was having derivative complaints of depression, headaches and 50 pounds of weight gain, it was stated. An earlier note dated October 7, 2013, was notable for comments that the applicant was not working and was not receiving any moneys at this time, other than child support. The applicant stated that she was taking medications to ameliorate complaints of pain and stiffness about the shoulders, elbow, and wrist.

The applicant stated that she still had difficulty sleeping with the same. The applicant was depressed, it was further noted. Weakness about the right upper extremity is appreciated. The applicant was given prescriptions for Protonix to buffer the stomach, Terocin, Naprosyn, Flexeril and tramadol. A subsequent note on November 8, 2013 was notable for ongoing complaints of 7/10 neck pain. The applicant was depressed, it was reiterated. The applicant had issues with sadness, loss of interest, and lack of motivation during the day. It was stated in some sections of report that the applicant was using Protonix to buffer the stomach while other sections of the report stated that the applicant was using Protonix to treat stomach upset with medications. Overall documentation regarding Protonix was quite sparse.

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

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

#### **PROTONIX 20MG #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, GI Symptoms, and Cardiovascular Risks topic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risks topic.

**Decision rationale:** The attending provider has indicated that he intends to employ Protonix for prophylactic purposes, to buffer the stomach. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events include those applicants who are greater than 65 years in age who are using NSAIDs. In this case, the applicant is in fact greater than 65 years of age (age 88). She is using at least one NSAID, Naprosyn. Concomitant usage of Protonix for prophylactic purposes is indicated, appropriate, and supported by page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

#### **TEROCIN PATCHES #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines/Integrated Treatment Index, 9th Edition, (web), 2011, Topical Salicylate.

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

**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 Terocin which are deemed, as a class,

"largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**TRAMADOL ER 150MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work and has apparently not worked in several years. The applicant's ability to perform activities of daily living appears to be diminished. The applicant is spending much of the time lying around at home, it is suggested, although this may be a function of depression as opposed to a function of the applicant's medical issues and/or opioid therapy. Nevertheless, the attending provider and/or the applicant has not established the presence of appropriate analgesia affected through ongoing tramadol usage, nor have they established improvement in terms of performance of nonwork activities of daily living. Therefore, the request is not medically necessary.

**FLEXERIL 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 67. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.