

<b>Case Number:</b>	CM14-0023222		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	06/09/2002
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Practice, has a subspecialty in Preventative 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:

A 66 yr. old female claimant sustained a work injury on 6/9/02 involving the knee, shoulders, neck and low back. She had a diagnosis of right knee derangement and underwent a right knee meniscectomy. She had impingement of the right shoulder and underwent decompression. Her chronic discogenic lumbar pain was treated with injections. She had used a TENS unit and had been prescribed the following: Ultracet for pain, Topamax for numbness, Norflex for muscle spasms, Terocin patches and Protonix for "stomach upset" while on other medications. She had been on these medications for several months. A progress note on February 19, 2014 indicated the claimant's pain was 4-8/10 and that the above medications improved the claimant's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL/APAP (ULTRACET) 37.5/325MG, #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Review And Documentation Of Pain Relief Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

**Decision rationale:** In this case, the length of treatment has been for several months with Ultram. The injury has been 12 yrs old and prior treatment failures are not indicated. The use of Tramadol is poorly supported for chronic back pain. Based on the above, Ultracet is not medically necessary.

**TEROCIN PATCHES #10:** 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): 111-112.

**Decision rationale:** In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug is not recommended is not recommended and therefore Terocin patches are not medically necessary.

**TOPIRAMATE 50MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Other Anti-Epileptic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16.

**Decision rationale:** According to the MRUS guidelines: Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. (Rosenstock, 2007)Based on the guidelines outlined above, Topamax is not indicated for any of the claimant's diagnosis and continued use is not medically necessary.

**ORPHENADRINE 100MG, #60:** 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 Muscle Relaxants Page(s): 64-65.

**Decision rationale:** In this case, the claimant has been on Norflex for several months. . The injury has been 12 yrs old and prior treatment failures are not indicated. The use of Norflex is poorly supported for the claimant's diagnosis. Based on the above, Norflex is not medically necessary.

**PANTOPRAZOLE 20MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gastrointestinal Events Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.

**NORFLEX 100MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

**Decision rationale:** In this case, the claimant has been on Norflex for several months. The injury has been 12 yrs old and prior treatment failures are not indicated. The use of Norflex is poorly supported for the claimant's diagnosis. Based on the above, Norflex is not medically necessary.