

<b>Case Number:</b>	CM14-0028456		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	09/02/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 pain reportedly associated with an industrial injury of September 2, 2005. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; topical compounds; earlier lumbar fusion surgery; and opioid therapy. In a Utilization Review Report dated February 7, 2014, the claims administrator partially certified a request for hydrocodone, for weaning purposes, denied cyclobenzaprine outright, denied an ibuprofen containing cream outright, partially certified gabapentin on the grounds that the applicant was apparently benefitting from the same, and denied pantoprazole (Protonix) outright. The claims administrator, somewhat incongruously, stated that the applicant was benefitting from gabapentin usage but stated that the applicant was not benefitting from hydrocodone usage. The applicant's attorney subsequently appealed. In a March 11, 2014 progress note/appeal letter, the applicant was described as presenting with persistent low back pain. The applicant was given diagnosis of failed low back syndrome. Protonix, ibuprofen ointment, and cyclobenzaprine were endorsed. It was stated that cyclobenzaprine was only being employed for as-needed purposes. No quantity was attached to either request, however. In an earlier note of February 11, 2014, the applicant presented with chronic low back pain, 9/10 with medications and 10/10 without medications. It was stated that the applicant had pain about the neck and low back. The applicant was reportedly constrained in terms of numerous activities of daily living, including ambulation and sleep. The applicant exhibited a slow and antalgic gait in the clinic setting. The applicant was described as not working. A variety of medications, including the ibuprofen containing cream, Flexeril, Neurontin, Norco, MS Contin, and Protonix were endorsed. The treating provider, it is incidentally noted, cited non-MTUS ODG Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CYCLOBENZAPRINE 7.5MG (QUANTITY UNKNOWN): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic 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, in fact, using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

### **INOVARX-IBUPROFEN 10% (QUANTITY UNKNOWN): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics 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, the applicant's ongoing usage of numerous first-line oral pharmaceuticals effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the ibuprofen-containing cream proposed here. Therefore, the request is likewise not medically necessary.

### **GABAPENTIN 600MG (QUANTITY UNKNOWN): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

**Decision rationale:** The request in question is a renewal request. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at each visit if there has been an improvement in pain or function. In this case, the applicant's drop in pain levels from 10/10 without medications to 9/10 with medications appears to be minimal to marginal at best and is outweighed by the applicant's continued difficulty in terms of

performance of even basic activities of daily living such as ambulating and the applicant's failure to return to any form of work. Therefore, the request for gabapentin is not medically necessary.

**PANTOPRAZOLE 20MG (QUANTITY UNKNOWN): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix or pantoprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider did write on a February 11, 2014 progress note that the applicant was complaining of gastrointestinal upset due to ibuprofen usage. Introduction of and/or ongoing usage of pantoprazole, a proton pump inhibitor, is indicated to combat the same. Therefore, the request is medically necessary.

**HYDROCODONE BIT/APAP 10/325MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's reduction in pain levels from 10/10 to 9/10 appears to be marginal to negligible at best and is outweighed by the applicant's continued difficulty in performing even basic activities of daily living such as ambulation as well as the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.