

<b>Case Number:</b>	CM14-0029022		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/06/2014
<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:

Injured worker is a male with date of injury 12/31/2012. Per pain management specialist, primary treating physician's initial comprehensive evaluation and request for authorization of treatment dated 5/20/2013, the injured worker has complaints involving cervical spine, right shoulder, right wrist and hand, and stress. He complains of occasional neck pain located on posterior and sides of the neck. The pain radiates to the upper back and right upper extremity. He indicates that the character of the pain is tightness, throbbing and with pressure. He rates the pain prior to injury at 2/10, and currently 8/10. His best pain level is 5/10 and the worst pain is 8/10. He states the pain is relieved by rest, exercise and therapy. The pain is aggravated by stress, looking down and looking up. He reports occasional right shoulder pain which is located over the anterior and scapular aspect of the shoulder. The pain radiates to the neck, upper back and down the arm to the wrist and hand. There is associated stiffness, giving away, weakness and limited motion. He indicates that the pain is characterized as tightness, throbbing, and with pressure. He rates the pain currently at 5/10, with the best pain 5/10 and worst pain level 8/10. He reports that pain is relieved by rest, exercise and therapy. He reports pain is aggravated by stress, looking up and looking down. Right wrist pain is located over the posterior aspect of the wrist and hand. The pain radiates to the fingers. There is associated clicking, stiffness, weakness and limited motion. The character of the pain is sharp, tightness, numbness, throbbing and with pressure. Pain is rated prior to the injury at 2/10, and currently it is 9/10. The best the pain is rated at 4/10, and the worst pain level is 9/10. He states the pain is relieved by rest, heat and cold, exercise and therapy. He reports the pain is aggravated by lifting or carrying 10-15 pounds and keyboarding. On examination there is tenderness and spasms upon palpation of the cervical paravertebral muscles. Cervical spine range of motion is minimally reduced. Shoulder depression test is positive on the right. The right shoulder is tender to palpation along the right suprascapular

region. Range of motion of the right shoulder is minimally reduced. Supraspinatus test is positive on the right. There is right carpal tenderness. Right wrist range of motion is minimally reduced. Tinel's median test is positive on the right. Diagnoses include 1) rule out cervical radiculitis 2) rule out right shoulder internal derangement 3) rule out right wrist internal derangement 4) stress.

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

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

#### **RETROSPECTIVE INTERFERENTIAL UNIT AND SUPPLIES FOR RIGHT WRIST (DOS 9-30-13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ICS (INTERFERENTIAL CURRENT STIMULATION).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) section Page(s): 118-120.

**Decision rationale:** An interferential stimulator is not recommended by the MTUS Guidelines as an isolated treatment; however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The MTUS Guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. The medical necessity for utilizing interferential current stimulation has also not been established within the clinical reports provided for review. The request for retrospective interferential unit and supplies for right wrist (DOS 9/30/2013) is determined to not be medically necessary.

#### **RETROSPECTIVE REVIEW :TEROCIN 240ML: CAPSAICIN 0.025%-METHYL SALICYLATE 25%-MENTHOL 10%-LIDOCAINE 2.5%: 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 Capsaicin section, Salicylate Topicals section, Topical Analgesics section Page(s): 111-113.

**Decision rationale:** Per manufacturer's information, Terocin lotion is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, Lidocaine 2.5% and methyl salicylate 25%. Topical capsaicin is recommended by the guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical

formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Salicylate topicals are recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines or ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Terocin lotion is therefore not recommended because of the formulation of lidocaine. The request for retrospective review: Terocin 240 mL: capsaicin 0.025%, methyl salicylate 25%, menthol 10%, and lidocaine 2.5% are determined to not be medically necessary.

**RETROSPECTIVE REVIEW :FLURBI (NAP) CREAM-LA 180 GM:FLUBIPROFEN 20%-LIDOCAINE 5%-AMITRIPTYLINE 4%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Flurbiprofen is supported for mild to moderate pain. The MTUS Guidelines do not recommend the use of topical lidocaine that is not in a dermal patch form. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, topical lidocaine and topical amitriptyline are not recommended, so the entire compounded agent is not recommended. The request for retrospective review: Flurbi (Nap) cream 180 gm LA: flurbiprofen 20%, lidocaine 5%, amitriptyline 4% is determined to not be medically necessary.

**RETROSPECTIVE REVIEW :GABACYCLOTRAM 180 GMS GABAPENTIN 10%-CYCLOBENZAPRINE 6%-TRAMADOL 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 Capsaicin Topical section, Opioids for Neuropathic Pain section and Opioids, specific drug list section, Topical Analgesics section Page(s): 28,29,82,83, 93, 94 111-113.

**Decision rationale:** The MTUS Guidelines state that there is no evidence to support the use of topical gabapentin. The MTUS Guidelines do not recommend the use of muscle relaxants such as cyclobenzaprine as a topical product. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines and the ODG do not address the use of tramadol as a topical analgesic. A PubMed search for topical tramadol only provides research for topical tramadol in post-operative oral surgery and postoperative tonsillectomy. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, all of the active ingredients are not recommended. The request for retrospective review: Gabacyclotram 180 gm compounded topical medication gabapentin 10%, cyclobenzaprine 6%, tramadol 10%, is determined to not be medically necessary.

**RETROSPECTIVE REVIEW :GENICIN #90 CAPSULES :GLUCOSAMINE SODIUM 500MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** Glucosamine is recommended by the MTUS Guidelines as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured worker does not have a diagnosis of arthritis, of the knee or other joint that may necessitate the use of glucosamine. The request for retrospective review: Genicin #90 capsules: glucosamine sodium 500 mg is determined to not be medically necessary.

**RETROSPECTIVE REVIEW :SOMNICIN #30 CAPSULES :MELATONIN 2MG -5HTP 50MG -L TRYPTOPHAN 100MG-PYRIDOXINE 10 MG -MAGNESIUM 50MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food section.

**Decision rationale:** The MTUS Guidelines do not address the use of medical foods. The ODG recommends the use of medical food if intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The requesting physician does not address any nutritional deficiencies that may necessitate the use of these ingredients. The request for retrospective review: Somnicin #30 capsules: melatonin 2 mg, 5HTP 50 mg, L-tryptophan 100 mg, pyridoxine 10 mg, magnesium 50 mg, is determined to not be medically necessary.

**RETROSPECTIVE OMEPRAZOLE 20 MG #60 (DOS:9-30-13): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,GASTROINTESTINAL SYMPTOMS &CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68-69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for omeprazole 20 mg #60 (DOS 9/30/2013) is determined to not be medically necessary.

**RETROSPECTIVE REVIEW :URINE DRUG SCREEN COLLECTED 9-30-13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is supported by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. This patient was not reported as taking any opioid pain medications, was not being prescribed opioid pain medications, and there was no discussion of the anticipation of utilizing opioid pain medications. The injured worker was being prescribed topical medications without discussion of concerns of aberrant drug behavior. The request for urine drug screening is determined to not be medically necessary.

**RETROSPECTIVE REVIEW :MEDICAL RECORD REVIEW OF URINE DRUG SCREEN COLLECTED 9-30-13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is supported by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. This patient was not reported as taking any opioid pain medications was not being prescribed opioid pain medications, and there was no discussion of the anticipation of utilizing opioid pain medications. The injured worker was being prescribed topical medications without discussion of concerns of aberrant drug behavior. Since the urine drug screening was determined to not be medically necessary, the accompanying medical record review of this drug screening is not medically necessary. The retrospective review: medical record review of urine drug screening collected 9/30/2013 is determined to not be medically necessary.

**RETROSPECTIVE REVIEW :5 PAGES REPORT OF URINE DRUG SCREEN COLLECTED 9-30-13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is supported by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. This patient was not reported as taking any opioid pain medications was not being prescribed opioid pain medications, and there was no discussion of the anticipation of utilizing opioid pain medications. The injured worker was being prescribed topical medications without discussion of concerns of aberrant drug behavior. Since the urine drug screening was determined to not be medically necessary, the accompanying medical record review and five page report of this drug screening is not medically necessary. The retrospective review: five page report of urine drug screening collected 9/30/2013 is determined to not be medically necessary.