

<b>Case Number:</b>	CM14-0035163		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/06/2002
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 68-year-old male who reported an injury on 01/06/2002 due to an unspecified mechanism of injury. The injured worker reportedly sustained an injury to his cervical spine and right shoulder. The injured worker was evaluated on 02/03/2014. It was noted that the injured worker was participating in a home exercise program. Medications included Inderal, Hydrocodone, Omeprazole, Colace, Flurbiprofen topical medication, and Cyclobenzaprine/Tramadol topical compounded medication. It was noted that the injured worker felt he received relief from these medications. Objective findings included reduced range of motion of the cervical spine and right shoulder. The injured worker's diagnoses included cervical spine spondylosis and impingement syndrome of the right shoulder. A request was made for continuation of medications, an MRI of the cervical spine, and authorization of a urinalysis to assess for patient compliance to the prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/BIT&ACET 2.5 mg x 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and documented functional benefit. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief or documented functional benefit related to medication usage. It is noted that the injured worker is monitored for aberrant behavior with urine drug screens. However, in the absence of functional benefit and pain relief, continued use would not be supported. Future treatment for the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Hydrocodone/BIT&ACET 2.5 mg is not medically necessary.

**Colace 100 mg x60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veteran's Association/Department of Defense clinical practice guideline for the management of opioid therapy for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend prophylactic treatment of constipation with patients who are using opioids. However, the clinical documentation submitted for review does not provide an adequate assessment of the injured worker's side effects related to medication usage to support continued use of a medication to treat constipation. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Colace 100 mg is not medically necessary.

**Prilosec 20 mg x 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Comp Pain procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support the need for a gastrointestinal protectant. Furthermore, the request as it is submitted does not provide

a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20 mg is not medically necessary.

**Doral 15 mg x30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Comp Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not recommend the long-term use of Benzodiazepines in the management of chronic pain, as there is a high incidence of physiological and psychological dependence. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2013. As this length of time exceeds Guideline recommendations and there are no exceptional factors to support continued treatment, continued use of this medication would not be indicated. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Doral 15 mg is not medically necessary.

**Fexmid 7.5 mg x 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official disability Guidelines- Treatment in Workers' Compensation Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2013. This duration of treatment exceeds Guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fexmid 7.5 mg is not medically necessary.

**30 gram Flurbiprofen 25%:** 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not recommend the use of topical non-steroidal anti-inflammatory drugs for long durations of treatment. Additionally, the use of non-steroidal anti-inflammatory drugs is not supported by Guideline recommendations for spine pain. As the injured worker has multiple pain generators and the applicable body part is not specified, the appropriateness of this medication cannot be determined. Furthermore, the injured worker has been on this medication for duration to exceed 4 weeks. This exceeds Guideline recommendations. There are no exceptional factors noted to extending treatment beyond Guideline recommendations. As such, the requested 30 gram Flurbiprofen 25% is not medically necessary.

**Cyclobenzaprine 10%-Tramadol 10% topical compound creams x120gram tube:** 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not support the use of cyclobenzaprine as a topical analgesic, as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address opioids in a topical formulation. However, peer-reviewed literature does not support the use of opioids in a topical compounded cream, as there is little scientific evidence to support the efficacy and safety of this type of medication in a topical application. Additionally, the request as it is submitted does not address an applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cyclobenzaprine 10%-Tramadol 10% topical compound creams x120 gram tube is not medically necessary.