

<b>Case Number:</b>	CM14-0039376		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 female who was injured at work on 03/01/2005. The injured worker complained of increasing lower back pain, made worse with bending or twisting. The physical examination was positive for limited range of motion of the Lumbar spine, and mild Lumbar radiculopathy in the Left L5 Area. The injured worker was diagnosed of Low back pain, degenerative disc diseases, and sciatica. Treatment include Lodine, Prilosec for GI upset related to medication use, Flubiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back. At dispute are the request for RETRO: Ultracet 37.5/325 #60 (DOS: 05/17/2013); RETRO: Ultracet 37.5/325mg #60 (DOS: 10/01/2013); Prilosec 20mg #60; Methyl Salicylate/Lidocaine - Unspecified dosage; Ketoprofen/Gabapentin - Unspecified dosage; Terocin #30 - Unspecified dosage; Flurbiprofen/Gabapentin/Lidocaine - Unspecified dosage; Prilosec 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Ultracet 37.5/325 #60 (DOS: 05/17/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing opioid medication therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-83.

**Decision rationale:** The injured worker sustained a work related injury on 03/01/2005. The medical records provided indicate the diagnosis of Low back pain, degenerative disc disease, and sciatica. Treatments have included Lodine, Prilosec for GI upset related to medication use, Flubiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back. The medical records provided for review do not indicate a medical necessity for Ultracet 37.5/325 #60. The MTUS does not recommend opioids as first line drugs in the treatment of chronic back pain or chronic lumbar radicular pain. The records reviewed did not provide indication the first line drugs have been tried and were found to be ineffective. The requested treatment is not medically necessary.

**RETRO: Ultracet 37.5/325mg #60 (DOS: 10/01/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing opioid medication therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80,82-83.

**Decision rationale:** The injured worker sustained a work related injury on 03/01/2005. The medical records provided indicate the diagnosis of Low back pain, degenerative disc disease, and sciatica. Treatments have included Lodine, Prilosec for GI upset related to medication use, Flubiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back. The medical records provided for review do not indicate a medical necessity for Ultracet 37.5/325 #60. The MTUS does not recommend opioids as first line drugs in the treatment of chronic back pain or chronic lumbar radicular pain. The records reviewed did not provide indication the first line drugs have been tried and were found to be ineffective; besides there was no documented evidence showing the injured worker had returned to work, improved functioning, and less need for medication. The requested treatment is not medically necessary.

**Prilosec 20mg #60: 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 NSAID GI symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** The injured worker sustained a work related injury on 03/01/2005. The medical records provided indicate the diagnosis of Low back pain, degenerative disc disease, and sciatica. Treatments have included Lodine, Prilosec for GI upset related to medication use, Flubiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. Although the use of the proton-pump is medically justifiable at this time due to the fact that the injured worker meets the recommended guidelines age of >65 years, and on Non-steroidal anti-inflammatory drug, it is not medically necessary and appropriate at this time

because the MTUS recommends against prolonged use of the NSAIDs due to the risk hip fractures if used greater than a year. The records revealed the injured worker had a three month prescription of this drug during the doctor visit on 10/2013, at that time the injured worker was not on NSAIDs. The recommended treatment is not medically necessary.

**Methyl Salicylate/Lidocaine - Unspecified dosage: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Compounding Medications Page(s): 71.

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

**Decision rationale:** The injured worker sustained a work related injury on 03/01/2005. The medical records provided indicate the diagnosis of Low back pain, degenerative disc disease, and sciatica. Treatments have included Lodine, Prilosec for GI upset related to medication use, Flubiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back. The medical records provided for review do not indicate a medical necessity for Methyl Salicylate/Lidocaine - Unspecified dosage. The topical analgesics are experimental drugs recommended as an option in the treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants. The records reviewed did not indicate the injured worker did not respond to the first line agents. The request is not medically necessary.

**Ketoprofen/Gabapentin - Unspecified dosage: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Compounding Medications Page(s): 71.

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

**Decision rationale:** The injured worker sustained a work related injury on 03/01/2005. The medical records provided indicate the diagnosis of Low back pain, degenerative disc disease, and sciatica. Treatments have included Lodine, Prilosec for GI upset related to medication use, Flubiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back. The medical records provided for review do not indicate a medical necessity for Ketoprofen/Gabapentin - Unspecified dosage. The MTUS recommends against the use of compounded product that contains at least one drug (or drug class) that is not recommended; besides there is no indication the first line drugs are unsuccessful. Both Ketoprofen and Gabapentin are not FDA approved, or MTUS recommended topical analgesics. The request is not medically necessary.

**Terocin #30 - Unspecified dosage: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Compounding Medications Page(s): 71.

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

**Decision rationale:** The injured worker sustained a work related injury on 03/01/2005. The medical records provided indicate the diagnosis of Low back pain, degenerative disc disease, and sciatica. Treatments have included Lodine, Prilosec for GI upset related to medication use, Flurbiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back. The medical records provided for review do not indicate a medical necessity for Terocin #30 - Unspecified dosage. The MTUS recommends against the use of compounded product that contains at least one drug (or drug class) that is not recommended; besides there is no indication the first line drugs are unsuccessful. The active agents in Terocin are Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% and Lidocaine 2.50%. The menthol component is not FDA approved, or MTUS recommended topical analgesics. The request is not medically necessary.

**Flurbiprofen/Gabapentin/Lidocaine - Unspecified dosage:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Compounding Medications Page(s): 71.

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

**Decision rationale:** The injured worker sustained a work related injury on 03/01/2005. The medical records provided indicate the diagnosis of Low back pain, degenerative disc disease, and sciatica. Treatments have included Lodine, Prilosec for GI upset related to medication use, Flurbiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back. The medical records provided for review do not indicate a medical necessity for Flurbiprofen/Gabapentin/Lidocaine - Unspecified dosage. The MTUS recommends against the use of compounded product that contains at least one drug (or drug class) that is not recommended; besides there is no indication the first line drugs are unsuccessful. Flurbiprofen and Gabapentin are recommended by the MTUS as Topical Analgesics. The request is not medically necessary.

**Prilosec 20mg #60:** 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 NSAID GI symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** The injured worker sustained a work related injury on 03/01/2005. The medical records provided indicate the diagnosis of Low back pain, degenerative disc disease, and sciatica. Treatments have included Lodine, Prilosec for GI upset related to medication use, Flurbiprofen/Gabapentin/Lidocaine for direct application to her back, Terocin patch for her back.

The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. The records revealed the injured worker had a three month prescription of this drug during the doctor visit on 10/2013, at that time the injured worker was not on NSAIDs. Although the use of the proton-pump is medically justifiable at this time due to the fact that the injured worker meets the recommended guidelines age of >65 years, and the fact that the injured worker is currently on Non-steroidal anti-inflammatory drug, it is not medically necessary and appropriate at this time because the MTUS recommends against prolonged use of the NSAIDs due to the risk of hip fractures if used greater than a year.