

<b>Case Number:</b>	CM14-0060608		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 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 51 year old man with a work related injury date of 10/31/12. The injured worker sustained a left elbow injury. His diagnoses were left elbow derangement, left elbow pain, and left elbow sprain/strain. The injured worker had been treated with conservative treatments including chiropractic, acupuncture, and medications. Findings in the injured worker included pain radiating from the left elbow into the left hand, with numbness and tingling into the left hand, as well. There was also tenderness to palpation in the left lateral elbow. It appears the preponderance of treatment for this worker was pharmacological. For review, is an assessment of the medical necessity of multiple drug treatments for this worker including the use of Norco, Flexeril, Omeprazole, Condrolite, and multiple topical compounded medication-creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Hydrocodone /APAP 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines for opioids criteria for use, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs (Passik, 2000). The data indicates that the injured worker started using Hydrocodone/Acetaminophen somewhere around April 14, although the actual date is not certain. Nothing in the documentation indicates that the worker derived any benefit with this medication. There is no data that the injured worker had any decrease in pain levels, either subjectively by response or by visual analogue scale (VAS) scores. In addition, there is nothing to indicate that there was any improvement in function. Given that there is nothing substantial either subjectively or objectively, the request for the Hydrocodone/Acetaminophen is not supported as medically indicated or appropriate.

**60 Cyclobenzaprine 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a muscle relaxant recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. There is no data to indicate that the injured worker even had any muscle spasms or similar pathology for which a muscle relaxant medication would be appropriate. There is no indication of any benefit with the use of the Flexeril, and the guidelines do not support chronic, long-term use of this class of drugs. Given this, the request for the Cyclobenzaprine is not supported as medically indicated or appropriate.

**60 Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole might be indicated in certain circumstances; however, the injured worker's clinical data provided does not support the use of the proton pump inhibitors (PPI). There is no data that the worker suffers from gastro-esophageal reflux disease (GERD) or other gastrointestinal (GI) problems, or that there has been unique response to nonsteroidal anti-inflammatory drugs (NSAIDs) medications. The injured worker does not have clinical issues that are on the list where use of proton pump inhibitors would be appropriate according to Chronic Pain Medical Treatment Guidelines for nonsteroidal anti-inflammatory drugs, gastrointestinal

symptoms & cardiovascular risk. Given this, the request for Omeprazole is not supported as medically indicated or appropriate.

**90 Condrolite 500/200/150mg: Upheld**

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

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

**Decision rationale:** This substance contains Glucosamine and Chondroitin. In this injured worker's case, there is no indication of any sort of cartilage or joint substance pathology. Chronic Pain Medical Treatment Guidelines indicate that this substance might be indicated in treatment of arthritis pain. However, there is no information in this case that the injured worker suffers from arthritis or arthritis mediated pain. Given this, the use of the Condrolite is not supported as medically indicated or appropriate.

**Urine Tox Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use of the presence of illegal drugs. In the documentation provided, there is no indication for a urine drug testing. The injured worker had an urodynamic study (UDS) in 4/14 that was appropriate in regard to medications prescribed. There was no indication about any inappropriate or adverse behaviors, drug diversion, side effects, etc. There was no addition of any new drugs. Noting the injured worker's prior drug testing results were normal and appropriate, follow up testing would not normally be needed for at least 3 to 4 months. Given this, a request for a urine toxicology screen is not supported as medically necessary or appropriate.

**30 gram tube of Flurbiprofen 20%, Tramadol 20%, compounded cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** This injured worker was prescribed multiple analgesics. The Chronic Pain Medical Treatment Guidelines criteria have not been met as there are insufficient large-scale,

randomized, controlled references showing the safety and efficacy of the requested compound prescription in this injured worker's clinical scenario. It is not clear that the injured worker is intolerant of oral medications. The compounded substance is composed of drugs that have, in many instances, no Food and Drug Administration (FDA) approval for a topical form, have no identified clinical application in topical form, or both. Therefore, the requested 30 gram tube of Flurbiprofen 20% and Tramadol 20% compounded cream is not indicated as medically necessary at this time, and is non-certified.

**30 gram tube of Gabapentin 10%/ Dextromethorphan 10%/ Amitriptyllne 10% compounded cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this worker's clinical scenario. It is not clear that the worker is intolerant of oral medications. The compounded substance is composed of drugs that have, in many instances, no food and drug administration approval for a topical form, have no identified clinical application in topical form, or both. Therefore, the requested 30 gram tube of Gabapentin 10%/ Dextromethorphan 10%/ Amitriptyline 10% compounded cream is not indicated as medically necessary at this time, and is non-certified.

**240 gram tube of Flurbiprofen 20%/ Tramadol 20% compound cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this worker's clinical scenario. It is not clear that the injured worker is intolerant of oral medications. The compounded substance is composed of drugs that have, in many instances, no food and drug administration approval for a topical form, have no identified clinical application in topical form, or both. Therefore, the requested 240 gram tube of Flurbiprofen 20%/ Tramadol 20% compound cream is not indicated as medically necessary at this time, and is non-certified.

**240 gram tube of Gabapentin 10%/ Dextromethorphan 10%/ Amitriptyllne 10% compounded cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this worker's clinical scenario. It is not clear that the injured worker is intolerant of oral medications. The compounded substance is composed of drugs that have, in many instances, no food and drug administration approval for a topical form, have no identified clinical application in topical form, or both. Therefore, the requested 240 gram tube of Gabapentin 10%/ Dextromethorphan 10%/ Amitriptyline 10% compounded cream is not indicated as medically necessary at this time, and is non-certified.