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| <b>Case Number:</b>   | CM14-0070017 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 02/06/2001 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 04/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2014 |

### 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 patient is a 52 year old male who was injured on 02/06/2001. The mechanism of injury is unknown. Prior treatment history has included trigger point injections, physical therapy, massage therapy, NSAIDS. His medications as of 05/05/2014 included Norco 7.5/325 mg, Norflex 100 mg, Terocin lotion, Protonix 20 mg, Ibuprofen 800 mg and Ultracet 37.5/325 mg. Progress report dated 05/05/2014 states the patient presented to the office reporting 100% relief of pain in the thoracic spine. He rated his pre-block pain as 8/10 and after the block, he rated it as 1/10. He reported his back pain continues to worsen. He rates the pain as 8/10. On examination, there is tenderness to palpation of the cervical spine bilaterally. He has pain with flexion. Straight leg raise is negative bilaterally. There is tenderness at the facet joint of L4-L5 and L5-S1 bilaterally. The patient is diagnosed with muscle spasm, lumbago, radicular syndrome, thoracic spine pain and depression. The patient was recommended Norco 7.5/325 mg, Terocin lotion, Protonix and two bottles of Ultracet, Orphenadrine and Pantoprazole as per RFA dated 05/09/2014. Prior utilization review dated 10/28/2013 states the request for Orphenadrine ER 100mg #30 is denied as guidelines do not support long term use of anti-spasmodic; The remaining requests, Terocin lotion 2.5-0.025-10-25% #1; Ultracet 37.5/325mg #90; Pantoprazole 20mg #90; and Urine Drug Screen are not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norflex [Muscle relaxant], Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The guidelines do not recommend muscle relaxants for long term use. They have a significant number of side effects and can be quite sedating. The clinical documents did not discuss previous muscle relaxants the patient has tried. It is unclear for how long the patient has been taking muscle relaxants. The number of pills requested is above the recommended duration of treatment with muscle relaxants. The clinical documents did not provide sufficient documentation to support the use of the medication outside of current guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Terocin lotion 2.5-0.025-10-25% #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical; Capsaicin, topical; Salicylate topicals; Non-s.

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

**Decision rationale:** Terocin contains multiple substances compounded together. The guidelines state that any compounded medication which contains at least one compound which is not recommended renders the entire product to be not recommended. Terocin contains menthol which has no validated medical use in the current literature. The clinical documents did not provide sufficient information to certify this medication outside of current guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Ultracet 37.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The guidelines recommend chronic opioid therapy when the patient has shown compliance and benefit with the medications. Amongst the criteria are improved analgesia, improved ADLs, no aberrant behavior, and no side effects. The clinical documents did not adequately discuss the above issues. The patient's long-term treatment plan is unclear from the documents provided. There should be documentation of the above criteria prior to certifying chronic use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Pantoprazole 20mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Protein Pump Inhibitor

**Decision rationale:** The guidelines recommend proton pump inhibitors for patients at risk for GI events on NSAIDs or for those with certain GI disorders such as dyspepsia, GERD, PUD, etc. The clinical documents state the patient has been on NSAID therapy but it is unclear if the patient continues to take NSAIDs. It is unclear if the patient is at increased risk for GI complications from NSAID use. The documents did not identify the patient has having a chronic GI issue which has been relieved by PPI therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Urine Drug Sreen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10, 32-33 (<https://sso.state.mi.us>)

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

**Decision rationale:** The guidelines recommend urine drug screening for patients on chronic opioid therapy or for evaluation of substance abuse. The guidelines recommend screening within 6 months of starting opioid therapy and on a yearly basis thereafter for patients at low risk for abuse. The patient has been on chronic opioid therapy but the documents did not discuss previous urine drug tests. It is unclear if enough time has elapsed from the previous drug screen to justify another test at this time. The documents did not identify the patient at risk for other substance abuse which requires urine drug screening. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.