

<b>Case Number:</b>	CM14-0070555		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/16/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 41-year-old who reported an injury on August 13, 2012 due to a slip and fall and hitting her head on a shelf. On May 12, 2014, the injured worker presented with constant pain in the shoulder, wrist, hand, and neck. Upon examination of the shoulder, there was nonspecific tenderness to the right shoulder and over the supraspinatus and acromion to the right. There was positive Hawkins, Empty can, and Impingement maneuver to the right side. Examination of the wrists revealed nonspecific tenderness at the bilateral with a positive bilateral Phalen's. Examination of the cervical spine revealed mild paraspinal tenderness to the right and a positive right sided distraction test. Diagnoses were cervical sprain, cervical spine myofasciitis, cervical spine radiculitis, rotator cuff tendonitis, carpal tunnel syndrome, headaches, and cervical degenerative disc disease. Current medication list was not provided. The provider recommended Soma, Prilosec, gabacyclotram, gabapentin, cyclobenzaprine, tramadol, and flurbiprofen cream, flurbi-cyclo-bac-lido and Terocin patches. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma ( Carisoprodol) 350 mg sixty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend Soma. The medication is not indicated for long term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. There is lack of exceptional factors provided in the documents submitted to approving outside the guideline recommendations. As such, the request for Soma (Carisoprodol) 350 mg, sixty count, is not medically necessary or appropriate.

**Prilosec (Omeprazole) 20 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Prilosec may be recommended for injured workers with dyspepsia secondary to NSAID (non-steroidal anti-inflammatory drug) therapy or for those taking NSAID medication who have moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for Prilosec. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The efficacy of the prior use of the medication has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Prilosec (Omeprazole) 20 mg, sixty count, is not medically necessary or appropriate.

**Gabaclotram:** 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 TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs [non-steroidal anti-inflammatory drugs], opioids, capsaicin, local anesthetics, antidepressants,

glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, and bradykinin). There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the site that the medication is indicated for, the dose or the frequency of the medication in the request as submitted. As such, the request for Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, Flurbiprofen 120 ml is not medically necessary or appropriate.

**(Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, Flurbiprofen) 120 ml: 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 TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, and bradykinin). There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the site that the medication is indicated for, the dose or the frequency of the medication in the request as submitted. As such, the request for Compound med (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, Flurbiprofen) 120 ml is not medically necessary or appropriate.

**Flurbi-cylo-bac-lido 120ml: 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 TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, and bradykinin). There is little

to no research to support the use of many of these agents. There is lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the site that the medication is indicated for, the dose or the frequency of the medication in the request as submitted. As such, the request for Flurbi-cylo-bac-lido 120 ml is not medically necessary or appropriate.

**Terocin Patches (unspecified number):** 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 TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, and bradykinin). There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the site that the medication is indicated for, the dose or the frequency of the medication in the request as submitted. As such, the request for Terocin Patches (unspecified number) is not medically necessary or appropriate.