

<b>Case Number:</b>	CM14-0073623		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 & Rehabilitation 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 injured worker is a 58-year-old female with a reported date of injury on 04/24/2012. The injury reportedly occurred when the injured worker lost her balance. Her diagnoses were noted to include cervicgia, displacement of cervical intervertebral disc without myelopathy, cervical facet joint syndrome/hypertrophy, lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbar facet joint syndrome/hypertrophy, headache, and myalgia. Her previous treatments were noted to include a home exercise program, acupuncture, cervical facet joint block, physical therapy, and medications. The progress note dated 05/27/2014 revealed complaints of left shoulder pain that radiated to the left hand with weakness, tingling, and numbness. There was increased pain with the head turn and arm elevation. There was decreased pain with the cream, gel, extracorporeal shockwave therapy, and medications. The injured worker indicated that her pain to her left shoulder, and wrist rated 9/10. The physical examination revealed decreased range of motion to the cervical spine with 2+ tenderness to palpation. The examination revealed positive spasming to the paraspinal musculature. There was a positive compression test, and prescriptions were provided. The Request for Authorization form was not submitted within the medical records. The request was for Cyclobenzaprine HCL powder, gabapentin powder; however, the provider's rationale was not submitted within the medical records. The request for naproxen 550 mg #60 was for inflammation; omeprazole DR 20 mg #30 was to protect the stomach; and cyclobenzaprine 7.5 mg #90 was for muscle relaxer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of cyclobenzaprine HCL powder.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesic cream.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Muscle Relaxants, Cyclobenzaprine Page(s): 41, 111, 113,.

**Decision rationale:** The injured worker complains of muscle spasms. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend topical use of cyclobenzaprine as a topical muscle relaxant, as there is no evidence of any other muscle relaxant as a topical product. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication, and the guidelines do not recommend cyclobenzaprine as topical muscle relaxants. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Purchase of Gabapentin powder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesic cream.

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

**Decision rationale:** The injured worker complains of radiating pain to her upper extremities. The California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended, as there is no peer reviewed literature to support the use. There was a lack of documentation regarding efficacy or improved functional status with the utilization of this medication. The guidelines do not recommend gabapentin for topical analgesia, and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Naproxen Sodium 550mg, #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 NSAIDs Page(s): 67.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend that NSAIDs are for short-term symptomatic relief of low back pain. It is generally recommended the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with the individual patient treatment goals. There should be documentation of objective functional improvement, and objective decrease in pain. The injured worker has been utilizing this medication since at least 04/2014, and the guidelines recommend short-term utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Omeprazole DR 20mg, #30.:** 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 NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 67.

**Decision rationale:** The request for omeprazole DR 20 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events, which includes age greater than 65 years old; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or a high-dose, multiple NSAID. There is a lack of documentation regarding efficacy of improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5mg, #90.:** Upheld

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

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

**Decision rationale:** The request for cyclobenzaprine 7.5 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time, and there is a lack of documentation of objective improvement. Therefore, the continued use of this medication would not be supported

by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Purchase of Cyclobenzaprine powder.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Muscle Relaxants, Cyclobenzaprine Page(s): 111, 113, 41.

**Decision rationale:** The request for cyclobenzaprine hydrochloride powder is not medically necessary. The injured worker complains of muscle spasms. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend topical use of cyclobenzaprine as a topical muscle relaxant, as there is no evidence of any other muscle relaxant as a topical product. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication, and the guidelines do not recommend cyclobenzaprine as a topical muscle relaxants. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.