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| <b>Case Number:</b>   | CM14-0083088 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 11/22/2012 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 05/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2014 |

### 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 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 50-year-old female who reported an injury on 11/22/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 05/16/2014 indicated diagnoses of chronic pain syndrome, fibromyositis, low back pain and depressive disorder. The injured worker reported she had been out of medication since 01/2014 and feels as though her pain has gotten worse as a result of no longer receiving her medication. The injured worker reported she had stay engaged in performed daily activities and had been doing a home exercise program and had considered work options as well as school options. On physical examination, the injured worker appeared significantly depressed. The injured worker reported muscle aches down both legs and the lower back. The injured worker had joint pain to the left hip, back pain, swelling in the extremities, and the injured worker reported numbness to the lower extremities but mostly on the left. The injured worker reported sleep disturbance and restless sleep; however, the injured worker reported no depression. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for Baclofen, Flector, Etodolac, and Omeprazole. A Request for Authorization dated 05/16/2014 was submitted for the above medications; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 MG #120 X 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

**Decision rationale:** The request for Baclofen 10 mg #120 x 3 refills is not medically necessary. The California MTUS guidelines state Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for muscle spasms or multiple sclerosis or spinal cord injuries. In addition, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Baclofen 10 mg #120 x 3 refills is not medically necessary.

**Flector 1.3% Transdermal 12 hr patche 360 x 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain, Flector patch.

**Decision rationale:** The request for Flector 1.3% Transdermal 12 hr patches 360 x 2 refills is not medically necessary. The Official Disability Guidelines state the Flector patch is not recommended as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/2009, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac. It was not indicated that the injured worker had tried and failed a first line treatment. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for an acute strain/sprain or contusion. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Flector 1.3% Transdermal 12 hr patches 360 x 2 refills is not medically necessary.

**Etodlac 300 mg #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain, Etodlac.

**Decision rationale:** The request for Etodlac 300 mg #60 x 2 refills is not medically necessary. The Official Disability Guidelines state etodolac is recommend for osteoarthritis. The guidelines state Etodolac is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with

mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. It was not indicated the injured worker had already tried and failed acetaminophen. Additionally, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Etodlac 300 mg #60 x 2 refills is not medically necessary.

**Omeprazole 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation ODG-PPI.

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

**Decision rationale:** The request for Omeprazole 20 mg #30 is not medically necessary. The California MTUS guidelines recommend the use of proton pump inhibitors (PPI) if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding, perforations, or peptic ulcers. In addition, there is a lack of documentation of any medication the injured worker was taking. Therefore, it cannot be determined if any medication would warrant the use of a proton pump inhibitor. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Omeprazole 20 mg #30 is not medically necessary.