

<b>Case Number:</b>	CM14-0083742		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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:

This patient is a 66/yo female who developed chronic neck, left shoulder and hand symptoms secondary to an injury dated 12/2/02. She has been diagnosed with cervical radiculitis, left shoulder strain and bilateral carpal tunnel syndrome. She has been treated with cervical and shoulder injections in addition to bilateral carpal tunnel releases. Her VAS scores generally range from 1-3/10. There is no detailing of medication use i.e. when utilized, degree of benefit and length of benefits. Prescription medications and compounded mixes are office dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41. Decision based on Non-MTUS Citation Browning, 2001

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

**Decision rationale:** MTUS Guidelines do not recommend the use of Cyclobenzaprine beyond 2-3 weeks. There are no unusual circumstances to justify and exception to Guidelines. The Cyclobenzaprine 7.5mg. #90 is not medically necessary.

**Omeprazole DR 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NAIDS and GI risk Page(s): 68.

**Decision rationale:** The routine use of Proton Pump Inhibitors is not supported by Guidelines unless there are specific GI risk factors. This is not a benign medication as the long term use is associated with increased hip fractures, increased lung infections and biological metal dysregulation. This patient does have the risk factor of age, but there is no documentation that NSAID's are utilized on a chronic basis. The medical records do not provide any other support for the chronic use of Omeprazole, it is not medically necessary.

**Tramadol ER 150 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** MTUS Guidelines recommend specific standards of care and documentation if long term opioids are utilized. The treating physician does not document what is required by Guidelines to justify ongoing opioid use. There is no specific documentation of how the medications are utilized, level of pain relief, duration of pain relief and affects on function. Under these circumstances, the Tramadol ER 150mg. #30 is not medically necessary.

**TGHot 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Colombo, 2006; Namaka, 2004

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

**Decision rationale:** MTUS Guidelines are very specific that a compound that includes non FDA approved medications for topical use is not Guideline recommended. TGhot incudes Tramadol and Gabapentin in addition to over the counter products. Tramadol is no FDA approved for topical use and Guidelines specifically note that Gabapentin is not recommended. The compounded TG hot is not medically necessary.

**FlurFlex 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Argoff, 2006; Namaka, 2004

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

**Decision rationale:** MTUS Guidelines are very specific that unless topical medications are FDA approved for topical use the compound is not recommended. Fluflex includes Flubiprophen which is not FDA approved for topical use. The Fluflex is not medically necessary.