

<b>Case Number:</b>	CM14-0094382		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 records presented for review indicate that this 60 year-old male was reportedly injured on February 11, 2012. The most recent progress note, dated May 12, 2014, indicates that there were ongoing complaints of severe low back pain. The physical examination demonstrated no bruising, swelling, atrophy, or lesion present in the lumbar spine. Psychological complaints are noted. Diagnostic imaging studies were not addressed in this note. Previous treatment includes surgical treatment, multiple medications, a functional capacity evaluation, aquatic and physical therapy, and pain management interventions. As of a disability status note, dated May 23, 2014, the injured worker was temporarily totally disabled until July 7, 2014. A request had been made for multiple medications and was not certified in the pre-authorization process on May 32, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Condrolite (500/200/150mg, #90, DOS: 4/14/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The California MTUS Guidelines support glucosamine and chondroitin sulfate as an option. Condrolite is a mixture of Gucosamine sulfate, Chondroitin sulfate and MSM. The most recent progress note and the previous physical therapy notes indicate no change or marginal change. The physical examination is unchanged between April 25, 2014 and May 2014. The diagnosis list includes musculoligamentous injury, radiculopathy and a surgically treated lumbar spine. Given that the physical examination is unchanged, there is no reported improvement with physical therapy and chiropractic assessment did not offer any substantive data; the clinical data does not support any efficacy or utility with the continuation of this preparation. Therefore this is not medically necessary.

**Retrospective request for Tizanidine (4mg, #60, DOS: 4/14/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. The diagnosis list offered is primarily a low back injury. Muscle relaxants are only indicated as second-line options for short-term treatment. The May 2014 and July 2014 progress notes do not report specific muscle spasm. It appears that this medication is being used on a chronic, long-term or indefinite basis for a malady that is not reported in the progress notes presented, a clinical situation that is not supported by MTUS treatment guidelines. Therefore, this medication is not medically necessary.

**Retrospective request for Omeprazole (20mg, #60, DOS: 4/14/14): 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.

**Decision rationale:** Omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There were no complaints offered by the injured worker in either the May 2014 or July 2014 progress notes relative to the alimentary canal. There is no GI disorder that has been documented as a diagnosis for this claimant. Therefore, this medication is not medically necessary.

**Retrospective request for Naproxen Sodium (550mg, #60, DOS: 4/14/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drug).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66, 73.

**Decision rationale:** As outlined in the California MTUS Guidelines, this medication is supported to treat the signs and symptoms associated with osteoarthritis. The progress note listed diagnoses as lumbar strain and radiculopathy. The multiple progress notes subsequent to the 2012 date of injury do not address any inflammatory process that would be amenable to this medication. Therefore, when considering the indicator for continued use of this medication, as outlined in the California MTUS Guidelines and tempered by the progress note that does not address any inflammatory process there is no data presented to support this medication as medication as medically necessary.

**Retrospective request for Hydrocodone/APAP (10/325mg, #60, DOS: 4/14/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. The pain levels are not described in the multiple progress notes reviewed. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has continued complaints of chronic pain after a work-related injury; however, there is no objective clinical documentation in the progress note to suggest any improvement relative to pain or increased functionality with the current regimen. As such, this request for Norco is not considered medically necessary.

**Retrospective request for Urine Screen (DOS: 4/14/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (steps to avoid misuse/addiction), Substance abuse tolera. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including POrescribing Controlled Substances.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** As noted in the California MTUS Guidelines, urine drug screening can be an appropriate tool to assess for the presence of illegal drugs, or if the medications are being consumed as prescribed. However, there is no evidence presented in the recent progress notes that there is any suggestion of illicit drug use, drug intoxication, drug diversion, or any other

parameter whereby such a study would be necessary. There is nothing in the narrative offered suggesting any of the above or that there is a clinical need for such a study. The medical necessity has not been established.

**Retrospective request for One Sample Cream (caps/flurbi/meth salicy/lipoderm base, 30gm jar, DOS: 4/14/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. The guidelines do not support the use of Flurbiprofen or in a topical formulation. Lastly, the progress note dated July 17, 2014 did not demonstrate any efficacy or utility with the use of this preparation. Therefore, the request is not medically necessary.

**Retrospective request for One Sample Cream (caps/flurbi/tramadol/lipoderm base, 30gm jar DOS: 4/14/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use for neuropathic pain. The July 17, 2014 progress note does not provide any information in the narrative as to why this medication is being employed. A simple check-off boxes being used which is not the standard of care. The guidelines do not support the use of Flurbiprofen in a topical formulation. Therefore, the request is not medically necessary.