

<b>Case Number:</b>	CM14-0164933		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

8/20/14 note reports pain in the neck and headache. Pain radiates to the upper extremities. There is low back pain, right greater than left with associated numbness. The pain radiates into the lower extremities. Ongoing use of opioids was reviewed for the insured and the insured counseled in regard to use. Exam notes grip strength measurements and that the insured is right hand dominant. Pain is reports to go from 8/10 to 6/10 with use of medication. Specific medication is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg, #60:** Overturned

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

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

**Decision rationale:** The medical records provided for review support a condition of musculoskeletal pain of the neck. MTUS supports the use of an NSAID 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. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. As such the medical records support the use of Anaprox for the insured condition of moderate pain congruent with MTUS guidelines. The request is medically necessary.

**Tramadol 37.5/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, opioids, criteria for use of opioids

**Decision rationale:** ODG guidelines support opioid treatment for patients that have not responded to first line therapy and who have been screened for opioid risk of use and have ongoing opioid mitigation tools being used. The medical records indicate pain but do not document failure of first line therapies such as PT and use of NSAID before proceeding to opioid. There is also no documentation in the medical records of opioid risk mitigation tool assessment or use. As such the medical records do not support use of hydrocodone congruent with ODG guidelines for treatment with opioids. The request is not medically necessary.

**Cyclobenzaprine 7.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

**Decision rationale:** MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. The request is not medically necessary.

**Pantoprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not indicate the presence of such condition. As such the medical records do not support a medical necessity for omeprazole in the insured. The request is not medically necessary.

**Tramadol 20%/Gabapentin 15%/Amitriptyline 10% compound topical cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topicals Page(s): 111.

**Decision rationale:** MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of NSAID orally and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. The request is not medically necessary.

**Flurbiprofen 20%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound medications. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topicals Page(s): 111.

**Decision rationale:** MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of NSAID orally and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. The request is not medically necessary.