

<b>Case Number:</b>	CM14-0186662		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of November 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; topical compounds; unspecified amounts of physical therapy; and earlier knee surgery. In a Utilization Review Report dated October 9, 2014, the claims administrator failed to approve a request for an orphenadrine-caffeine amalgam, similarly denied a request for a gabapentin-pyridoxine amalgam, denied a flurbiprofen-omeprazole amalgam, denied several topical compounds, and denied hydrocodone-acetaminophen-ondansetron amalgam. The claims administrator stated that its decision was based on progress notes of July 17, 2014 and August 28, 2014. The applicant's attorney subsequently appealed. In a July 17, 2014 progress note, the applicant reported ongoing complaints of low back and knee pain. Stiffness and limited range of motion were appreciated about the injured knee. X-rays of the multiple body parts were performed. An additional 12 sessions of physical therapy, Norflex, a Neurontin-pyridoxine amalgam, a flurbiprofen-omeprazole amalgam, and several topical compounds were endorsed while the applicant was kept off of work, on total temporary disability, through September 15, 2014. In a progress note dated October 9, 2014, the applicant again reported multifocal complaints of knee, hip, and ankle pain. Physical therapy was endorsed. Urine drug testing and work restrictions were likewise endorsed. It did not appear that the applicant was working with said limitations in place. There was no explicit discussion of medication efficacy incorporated into this particular progress note. In an August 28, 2014 progress note, the applicant reported 4/10 multifocal knee, hip, and ankle pain complaints. The applicant apparently exhibited a limp. Physical therapy was sought while the applicant was kept off of work, on total temporary disability, through October 28,

2014. Medication selection and medication efficacy were not incorporated into this particular progress note. It was incidentally noted on the October 9, 2014 progress note that the applicant was apparently in the hospital at some point owing to GI bleeding issues.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orphenadrine 50mg/Caffeine 10mg #60: Upheld**

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

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

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine are recommended with caution as a second-line option to combat short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet supply of orphenadrine at issue implies chronic, long-term, and/or daily usage of the same. Such usage, however, is incompatible with the short course of therapy for which muscle relaxants are espoused on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Orphenadrine 50mg/Caffeine 10mg is not medically necessary.

**Gabapentin/Pyridoxine 250mg/10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, page 264 does acknowledge that vitamin B6 (pyridoxine) is often used in carpal tunnel syndrome when it is perceived to be deficient, ACOEM qualifies its position by noting that this practice is not consistently supported by the medical evidence. In this case, there was no explicit discussion of vitamin B6 deficiency raised on any of the progress notes, referenced above. It was not clearly stated why pyridoxine (vitamin B6) was being employed here. The applicant did not appear to carry a diagnosis of carpal tunnel syndrome, it is further noted. The applicant presented with primary pain generators of knee, ankle, and hip pain. Since the pyridoxine (vitamin B6) component of the amalgam cannot be supported, the entire amalgam cannot be supported. Accordingly, the request for Gabapentin/Pyridoxine 250mg/10mg #60 is not medically necessary.

**Flurb/Omeprazole 100/10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Page(s): 68, 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; NSAIDs, GI Symptoms, and Cardiovascular Risk; Functional Restoration Approach to C.

**Decision rationale:** While page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that flurbiprofen is indicated in the treatment of osteoarthritis, one of the operating diagnoses reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant has been placed off of work, on total temporary disability, for large portions of the claim. The applicant is having difficulty performing activities of daily living as basic as standing and walking, it has been noted on several occasions, referenced above. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing flurbiprofen usage in any of the progress notes, referenced above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the flurbiprofen-omeprazole amalgam at issue. While page 68 of the MTUS Chronic Pain Medical Treatment Guidelines would support provision of the omeprazole component of the amalgam, given the applicant's issues with GI bleeding, the flurbiprofen component of the amalgam cannot be supported owing to the applicant's seemingly poor response to the same and lack of functional improvement effected despite ongoing usage of the same. Therefore, the request for Flurb/ Omeprazole 100/10mg is not medically necessary.

**Flurb/Cyclo/Menth Cream 20/10/4% 180gm:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Flurb/Cyclo/Menth Cream 20/10/4% 180gm is not medically necessary.

**Kera Tek gel #113 4 oz. bottle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

**Decision rationale:** Keratek, per the National Library of Medicine (NLM), is a menthol-methyl salicylate amalgam. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Keratek are indicated in the treatment of chronic pain, as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Keratek usage. Ongoing usage of Keratek failed to curtail the applicant's dependence on other topical compounds such as the flurbiprofen-cyclobenzaprine compound also at issue and likewise failed to curtail the applicant's dependence on opioid agents such as hydrocodone-acetaminophen. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the Keratek gel at issue. The request for Keratek gel #113 4 oz. is not medically necessary.

**Hydrocodone/Apap 10/300/2mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil [otc], generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has seemingly failed to return to work. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing hydrocodone-acetaminophen usage. Several progress notes, referenced above, contained no explicit references to medication selection or medication efficacy. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request for Hydrocodone/Apap 10/300/2mg #40 is not medically necessary.