

<b>Case Number:</b>	CM14-0187337		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/22/2014
<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 Internal 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 injured worker is a 50-year-old man with a date of injury of January 24, 2012. The mechanism of injury was not documented in the medical record. There are two handwritten progress notes dated June 6, 2014, and October 15, 2015. The notes are handwritten on a PR-2 form that is almost entirely illegible. Subjective complaints in the October 2014 note are entirely illegible. In the June 2014 note, the patient complains of left knee pain rated 7/10 and low back pain radiating to the left leg. The physical examination documents diminished lumbar range of motion with palpable spasm. Results of neurological and the remainder of the objective findings are illegible. A list of current medications is not noted. The QME dated September 23, 2014 indicates the injured worker is not taking any medications. The patient was diagnosed with unspecified internal derangement of the knee. The provider appears to indicate that MRI of the lumbar spine was performed. It is unclear from the medical record if the patient has participated in chiropractic or physiotherapy in the past. The injured worker underwent a left-sided L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance, which gave him 50% relief for at least 5 weeks. The provider is requesting the following Urinalysis for toxicology, orthopedic follow-up, epidural for the lumbar spine, Naproxen 550mg, Protonix 20mg, Cyclobenzaprine 7.5mg, Theramine #90, Sentra #60, Tramadol 150mg, epidural steroid injection, chiropractic/physiotherapy 3 times a week for 4 weeks, Flurbiprofen/Capsaicin/Camphor cream 120gms, and Ketoprofen/Cyclobenzaprine/Lidocaine cream 150gms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Urinalysis for Toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Ongoing management, criteria for use of Opioids Page(s):.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

**Decision rationale:** Urine drug testing is not medically necessary. According to the Official Disability Guidelines, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of drug testing is also dependent upon whether the injured worker is a low risk, intermediate or high risk for drug misuse/abuse. In this case, the latest progress note October 15, 2014 is completely illegible. A review of one of the QME's dated September 23, 2014 states the injured worker is not currently taking any medications. The record indicates the injured worker is not taking any opiates and, absent documentation with a clinical indication for urine drug screen, the urine drug screen is not medically necessary. Additionally, there is no indication whether this injured worker is a low risk, intermediate or high risk for drug misuse/abuse. Therefore, urine drug testing is not medically necessary.

## **Pain Management Epidural for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Epidural Steroid Injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pain management epidural for the lumbar spine is not medically necessary. Criteria for epidural steroid injections enumerated by the Official Disability Guidelines include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; the patient should be initially unresponsive to conservative treatment and injections should be performed using fluoroscopy for guidance. In this case, the injured worker had a prior epidural steroid injection May 14, 2014 which gave him 50% relief for at least five weeks. The documentation in the latest progress note (as noted above) is largely illegible. It is unclear if there is evidence of radiculopathy on examination. Additionally, no imaging studies or electrodiagnostic studies have been performed. Consequently, absent the appropriate criteria, epidural steroid injection to the lumbar spine for pain management is not medically necessary.

**Chiropractic/Physiotherapy 3 x 4 (Unspecified body parts): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, chiropractic/physiotherapy three times a week for four weeks (unspecified body parts) is not medically necessary. The guidelines indicate that the patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with physical Thursday). When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. In this case, the injured worker is being treated for low back pain. The documentation from progress note dated October 15, 2014 is largely to completely illegible. It is unclear whether the injured worker has received any prior physical therapy or chiropractic treatment. Additionally, the body part and/or location for physical therapy are not addressed in the request. Absent the appropriate documentation to make an informed decision, chiropractic/physical therapy three times a week for four weeks (unspecified body parts) is not medically necessary.

**Compound Flurbiprofen/Capsaicin/Camphor 10% / 0.025%/ 2% / 1% (120 gm): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the topical analgesic compound with Flurbiprofen, Capsaicin, Camphor 10%/0.025%/2%/1% #120 g is not medically necessary. According to the guidelines, topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Camphor is not recommended by the guidelines. In this case, as noted above the primary care physicians progress notes are largely illegible. Camphor is not recommended by the guidelines. Consequently, the topical analgesic containing Camphor is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the topical analgesic compound with Flurbiprofen, Capsaicin, Camphor 10%/0.025%/2%/1% #120 g is not medically necessary.

**Ketoprofen/Cyclobenzaprine/Lidocaine 10%/ 3%/5% (120gm): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a topical analgesic containing Ketoprofen, Cyclobenzaprine, Lidocaine, 10%/3%/5% #120 g is not medically necessary. According to the guidelines, topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine is not recommended. Topical Ketoprofen is not recommended. In this case, the medical record is largely illegible and the indications are unclear. Cyclobenzaprine and Ketoprofen are not recommended by the guidelines. Any compounded product that contains at least one drug (topical Cyclobenzaprine for Ketoprofen) that is not recommended by the guidelines is not recommended. Consequently, the requested topical analgesic is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, the topical analgesic containing Ketoprofen, Cyclobenzaprine, Lidocaine, 10%/3%/5% #120 g is not medically necessary.

**Protonix (quantity unknown):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs, GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix (quantity unknown) is not medically necessary. Protonix is a proton pump inhibitor (PPI). PPI's are indicated when patients take non-steroidal anti-inflammatory drugs and are at risk for certain gastrointestinal events. These risk factors include, but are not limited to, a greater than 65 years; peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin, steroids or anticoagulants; or high dose/multiple non-steroidal anti-inflammatory use. In this case, the progress note dated October 2014 is largely illegible. There is no discussion or documentation the injured worker has comorbid problems or past medical history compatible with these risk factors of peptic disease, G.I. bleeding, concurrent use of aspirin or multiple non-steroidal anti-inflammatory drug use. Additionally, there is no quantity of the requested drug. Consequently, Protonix (quantity unknown) is not medically necessary.

**Pantoprazole 20mg # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pantoprazole, PPI Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20 mg #60 is not medically necessary. Pantoprazole is a proton pump inhibitor. PPI's are indicated when patients take non-steroidal anti-inflammatory drugs and are at risk for certain gastrointestinal events. These risk factors include, but are not limited to, a greater than 65 years; peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin, steroids or anticoagulants; or high dose/multiple non-steroidal anti-inflammatory use. In this case, the progress note dated October 2014 is largely illegible. There is no discussion or documentation the injured worker has comorbid problems or past medical history compatible with these risk factors of peptic disease, G.I. bleeding, concurrent use of aspirin or multiple non-steroidal anti-inflammatory drug use. Consequently, Pantoprazole 20 mg #60 is not medically necessary.

**Cyclobenzaprine 7.5mg # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #90 is not medically necessary. Cyclobenzaprine is a muscle relaxant. The guidelines recommend non-sedating relaxants with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the injured worker was taking Cyclobenzaprine in the past. A urine toxicology screen in September 2014 was negative for Cyclobenzaprine. The documentation from progress note dated October 2014 is largely illegible and clinical indications cannot be determined. It is unclear from the medical record how long the injured worker has been prescribed Cyclobenzaprine. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cyclobenzaprine 7.5 mg #90 is not medically necessary.

**Theramine # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Medical Foods

**Decision rationale:** Pursuant to the Official Disability Guidelines, Theramine #90 is not medically necessary. The guidelines state Theramine is a medical food. Medical foods are not recommended for chronic pain. They have not been shown to produce meaningful benefits or improvements in functional outcome. In this case, the treating physician requested Theramine; however there was no clinical documentation to support its use. The documentation is largely illegible. Theramine is a medical food and consequently, is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Theramine #90 is not medically necessary.

**Sentra #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Medical Food

**Decision rationale:** Pursuant to the Official Disability Guidelines, Sentra #60 is not medically necessary. Sentra is a medical food. The guidelines state medical foods are not recommended for chronic pain. They have not been shown to produce meaningful benefits or improvement in functional outcome. In this case, the treating physician requested Sentra. The documentation is largely illegible and the clinical indications are unclear. Regardless, medical foods are not recommended and consequently, Sentra is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Sentra #60 is not medically necessary.