

<b>Case Number:</b>	CM14-0188549		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 pain reportedly associated with an industrial injury of May 10, 2010. In a Utilization Review Report dated October 9, 2014, the claims administrator failed to approve requests for cyclobenzaprine, Norco, Prilosec, Naprosyn, and a topical capsaicin-containing cream. The claims administrator stated that its decision was based on progress notes of September 8, 2014 and September 9, 2014. The applicant's attorney subsequently appealed. In a June 10, 2014 progress note, the applicant reported ongoing complaints of neck pain, mid back pain, low back pain, bilateral upper extremity pain, bilateral lower extremity pain, and 6-7/10. The applicant was using Norco, Naprosyn, Prilosec, and LidoPro cream, it was acknowledged. Multiple medications were refilled. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. In an applicant questionnaire dated September 30, 2014, the applicant acknowledged that he was not working. In a September 30, 2014 progress note, it was noted that the applicant was not working and had last worked in May 2010. The applicant was using a lumbar support. The applicant had received 24 sessions of manipulative therapy, 8 sessions of acupuncture, 24 sessions of physical therapy, and 1 epidural steroid injection. The applicant was using Flexeril, Norco, Prilosec, Naprosyn, and capsaicin, it was stated. It was stated that Prilosec was being employed to relieve GI upset. The attending provider stated in one section of the note that he advised the applicant to discontinue NSAIDs apparently owing to issues with dyspepsia and hematochezia. The applicant had developed issues with psychological stress and depression. 6-7/10 multifocal pain complaints were noted. A topical compounded gabapentin-containing cream was endorsed. The applicant was asked to follow up with a pain management physician to take over medication management. In an applicant questionnaire dated September 8, 2014, the applicant acknowledged that he was

not working and further stated that a topical compounded drug was not in fact beneficial. The applicant acknowledged that topical compounded drug was not diminishing his need for oral medications. The applicant was using a lumbar support, he acknowledged, and stated that he had developed stomach upset with various medications.

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

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

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

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Naprosyn, capsaicin, Norco, etc. Adding cyclobenzaprine to the mix is not recommended. It is further noted that the 90 tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

#### **Hydrocodone/APAP 5/325mg #90: Upheld**

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

**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. Here, however, the applicant is off of work. The applicant last worked in 2010, the attending provider has reported. The applicant continued to report pain in the 6-7/10 range, on a September 30, 2014 office visit, referenced above, despite ongoing usage of Norco. The applicant continued to report persistent complaints of pain with relatively high scores, despite ongoing use of Norco. The applicant also reported on September 30, 2014 that he was having difficulty with daily tasks as basic as getting dressed. All of the foregoing, taken together, does not make a compelling case for ongoing usage of hydrocodone-acetaminophen and suggests, to the contrary, that ongoing usage of hydrocodone-acetaminophen has not, in fact, proven efficacious here. Therefore, the request was not medically necessary.

#### **Omeprazole 20mg #120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, as was/is present here. The applicant was described on September 30, 2014 as exhibiting symptoms of reflux, heartburn, upset stomach, etc., all of which were reportedly attenuated with ongoing usage of omeprazole. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

**Naproxen Sodium 550mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the attending provider eventually reached the same conclusion and suggested discontinuing Naprosyn on an office visit of September 30, 2014, referenced above. The applicant, in addition to reporting issues with reflux, heartburn, dyspepsia, was also having issues with hematochezia. Given the presence of persistent GI symptoms of various kinds seemingly generated or exacerbated by ongoing usage of NSAIDs, discontinuing Naprosyn, the offending NSAID, appears to be a more appropriate option than continuing the same. Accordingly, the request was not medically necessary.

**Capsaicin Cream 0.05% + Cyclo 4%:** 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 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 is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.