

<b>Case Number:</b>	CM14-0195249		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Interventional Spine, 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 patient is a 44 year old female with an injury date on 04/13/2013. Based on the 10/07/2014 illegible hand written progress report provided by the treating physician, the diagnoses are: 1. C'sp - ML disc Pilot2. Left shoulder - ACOB/RC tendonitis3. Left hand- S/L (-) X/L4. Left elbow5. History of InsomniaAccording to this report, the patient complains of pain in the neck, shoulder, elbow and hand. Pain is a 2/10 with medications and 4-5/10 without medications. Pain is noted in the upper extremity with gripping. Objective findings reveal tenderness at the left lateral epicondyle and AC joint. Range of motion of the left elbow is 0-120 degrees. The treatment plan is to request for consultation with pain management, Psych, and Orthopedist; acupuncture treatments; NIOSH; and shockwave. The patient is return to modified work from 10/07/2014 to 11/06/2014 with restriction of "no forceful work with hand." There were no other significant findings noted on this report. The utilization review denied the request for (1)Menthoderm gel 360gm, (2) Omeprazole 20mg, #30, (3)Transdermal Medication, (4)FTC 210gm, (5)Flurbiprofen 20%/ Tramadol 20%/ Cyclobenzaprine 4%, (6)Amitriptyline 10%/ Dextromethorphan 10%/ Gabapentin 10% on10/24/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/09/2014 to 11/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 8/6/2014) prescription of Menthoderm gel 360gm (Methyl Salicylate 15%/ Menthol 10%): Upheld**

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

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

**Decision rationale:** According to the 10/07/2014 report, this patient presents with pain in the neck, shoulder, elbow and hand. The current request is for Retrospective (DOS: 8/6/2014) prescription of Methoderm gel 360gm (Methyl Salicylate 15%/ Menthol 10%). Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The MTUS Guidelines state that topical NSAIDs are indicated for peripheral joint arthritis and tendinitis. In this case, the treating physician has not clearly documented that the left wrist and hand complaints is arthritic in nature and MTUS does not support topical NSAIDs for spinal and shoulder conditions. The current request is not medically necessary.

**Retrospective (DOS: 8/6/2014) prescription of Transdermal Medication: ADG 10% 10% 10%, 210gm:** Upheld

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

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

**Decision rationale:** According to the 10/07/2014 report, this patient presents with pain in the neck, shoulder, elbow and hand. The current request is for Retrospective (DOS: 8/6/2014) prescription of Transdermal Medication: ADG 10% 10% 10%, 210gm; a topical compounds that contains Amitriptyline, Dextromethorphan, and Gabapentin. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS also does not support gabapentin as a topical product. The current request is not medically necessary.

**Retrospective (DOS: 8/6/2014) prescription FTC 210gm:** Upheld

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

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

**Decision rationale:** According to the 10/07/2014 report, this patient presents with pain in the neck, shoulder, elbow and hand. The current request is for Retrospective (DOS: 8/6/2014) prescription FTC 210gm; a topical compounds that contains Flurbiprofen, Tramadol HCL, and Cyclobenzaprine. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states Cyclobenzaprine topical, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine and Tramadol cream are not recommended for topical formulation. The current request is not medically necessary.

**Retrospective DOS: 8/6/14-8/11/14) prescription of Amitriptyline 10%/ Dextromethorphan 10%/ Gabapentin 10%, 210gm: Upheld**

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

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

**Decision rationale:** According to the 10/07/2014 report, this patient presents with pain in the neck, shoulder, elbow and hand. The current request is for Retrospective DOS: 8/6/14-8/11/14) prescription of Amitriptyline 10%/ Dextromethorphan 10%/ Gabapentin 10%, 210gm. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS also does not support gabapentin as a topical product. The current request is not medically necessary.

**Retrospective (DOS: 8/6-8/20/2014) prescription of Omeprazole 20mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 10/07/2014 report, this patient presents with pain in the neck, shoulder, elbow and hand. The current request is for Retrospective (DOS: 8/6-8/20/2014) prescription of Omeprazole 20mg, #30 but the treating physician's report and request for authorization containing the request is not included in the file. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUs further states "Treatment of dyspepsia

secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports show that the patient has been taking this medication since 07/09/2014 and it is unknown exactly when the patient initially started taking this medication. The patient is not currently on NSAID and no mentions of gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater did not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

**Retrospective (DOS: 8/6-8/11/14) Flurbiprofen 20%/ Tramadol 20%/ Cyclobenzaprine 4%:**  
Upheld

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

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

**Decision rationale:** According to the 10/07/2014 report, this patient presents with pain in the neck, shoulder, elbow and hand. The current request is for Retrospective (DOS: 8/6-8/11/14) Flurbiprofen 20%/ Tramadol 20%/ Cyclobenzaprine 4%. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states Cyclobenzaprine topical, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine and Tramadol cream are not recommended for topical formulation. The current request is not medically necessary.