

<b>Case Number:</b>	CM14-0205991		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 shoulder pain reportedly associated with an industrial injury of January 17, 2003. In a Utilization Review Report dated November 28, 2014, the claims administrator partially approved a request for Fexmid, denied a request for Prilosec, partially approved a request for Ultram, denied a topical compounded medication, approved glucosamine, and denied urine drug testing. The claims administrator referenced a November 3, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On November 3, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of shoulder, knee, and low back pain, exacerbated by standing, walking, kneeling, and squatting. Flexeril, Prilosec, Ultram, and several topical compounded medications and urine drug testing were endorsed while the applicant was kept off of work. The applicant's complete medication list was not, however, outlined. The applicant was 54 years old as of the date of the request. It was suggested (but not clearly stated) that Prilosec was being employed for gastroprotective effect as opposed to for actual symptoms of dyspepsia. It was not clearly stated whether these medications were, in fact, a renewal request or a first-time request. On a prescription form dated June 18, 2014, the applicant was previously given prescriptions for Naprosyn, Prilosec, tramadol, and several topical compounded medications. The applicant was kept off of work, on total temporary disability, via a handwritten progress note dated June 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Fexmid 7.5mg #120: Upheld**

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Naprosyn, Tramadol, etc. Adding Cyclobenzaprine or Fexmid to the mix was/is not indicated. It is further noted that the 120-tablet supply of Fexmid (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.

**Prospective request for 1 prescription of Prilosec 20mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

**Decision rationale:** The attending provider indicated that Prilosec was being employed for gastro-protective effect as opposed to for actual symptoms of dyspepsia on his November 3, 2014 progress note. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors. Specifically, the applicant is less than 65 (age 54), is not using multiple NSAIDs, is not using NSAIDs in conjunction with corticosteroids, and does not have a history of previous GI bleeding and/or peptic ulcer disease. Therefore, the request was not medically necessary.

**Prospective request for 1 prescription of Ultram ER 150mg #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 topic 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 was/is off of work, on total temporary disability, despite ongoing

usage of Ultram, a synthetic opioid. The attending provider's progress note, referenced above, contained little to no discussion of medication efficacy. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Ultram usage in his November 3, 2014 progress note. Comments about the applicant having difficulty performing activities of daily living as basic as walking, kneeling, squatting, etc., did not make a compelling case for continuation of Ultram (Tramadol). Therefore, the request was not medically necessary.

**Prospective request for 1 prescription of 30gm and 120gm Flubiprofen 25%, menthol 10%, Camphor 3%, Capsaisin 0.0375% topical cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, Capsaicin, the quaternary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerance of other treatments. Here, however, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the Capsaicin-containing compound at issue. It is further noted that the applicant had already received the Capsaicin-containing compound at issue on at least one prior occasion, on June 18, 2014, and had failed to demonstrate a favorable response to the same. The applicant remained off of work, on total temporary disability, despite ongoing usage of the Capsaicin-containing compound. The applicant continues to report difficulty performing activities of daily living as basic as standing, walking, kneeling, and squatting, despite ongoing usage of the Capsaicin-containing compound. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Prospective request for 1 urine toxicology testing: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for

testing, clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context. Here, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of urine drug testing have not been met, the request is not medically necessary.