

<b>Case Number:</b>	CM14-0206902		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37 year old female who was injured on 7/5/2013. The diagnoses are neck, thoracic, low back and bilateral shoulder pain. There are co-existing diagnoses of stress, insomnia and right eyelid drop. The recent clinical note dated 10/15/2014 is handwritten, difficult to read and barely legible. The was subjective complaints of pain in multiple body regions. The patient complained of increased stress. The pain score was reported as 3/10 without medications but 0/10 with medications. The objective findings were normal range of motion at the shoulders and spine, tenderness to palpation of the lumbar paraspinal muscles and positive straight leg raising test on the right. The rest of the examination findings was not noted to be significant. It was noted that the patient completed PT as well as previous consultations with the Pain and Eye Doctors. The reports was not provided. The medication listed are Cyclobenzaprine, Naproxen, Omeprazole, Terocin patch and FLA cream. A Utilization Review determination was rendered recommending non certification for Initial office visit with Ophthalmologist, Initial visit Pain Management for neck, UDS, MRI, Cytochrome P450 assay, Flexeril 5mg #60, Omeprazole 20mg #40, Terocin patch #30 and FLA crean 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One initial office visit - Ophthalmologist for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 426, 432.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 Page(s): 87,89,127. Decision based on Non-MTUS Citation Pain Chapter Head and Neck

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patient can be referred for evaluation by a specialist when the condition is complex or additional expertise would be beneficial in the diagnoses and treatment of the conditions. The records indicate that the patient had previously been evaluated by specialists. The diagnoses for neck pain and dropping eyelid had been made. A detail report was not provided. The records did not indicate any worsening clinical conditions. The patient was responding to current medical treatments. The criteria for one office visit with ophthalmologist was not met.

**One initial office visit - pain management for the neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, April 27, 2007, page 56

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 Page(s): 87-89. Decision based on Non-MTUS Citation Pain Chapter Neck and Upper Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patient can be referred for evaluation by a specialist when the condition is complex or additional expertise would be beneficial in the diagnoses and treatment of the conditions. The records indicate that the patient had previously been evaluated by specialists. The diagnoses for neck pain and dropping eyelid had been made. A detail report was not provided. The records did not indicate any worsening clinical conditions. The patient was responding to current medical treatments. The pain score was reported to be 3/10 without medications and 0/10 with medications. The criteria for one office visit with Pain Management was not met.

**One urine drug test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2UDS Page(s): 42-43. Decision based on Non-MTUS Citation Pain Chapter Urine Drug Screen

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Urine Drug Screen can be utilized at initiation and the randomly during chronic opioids treatments for compliance monitoring. It is recommended that the frequency of UDS be increased if there is evidence of

aberrant drug behavior or for a 'red flag' condition. The records did not indicate that the patient is utilizing chronic opioids medications. There is no documentation of aberrant medication behavior or a 'red flag' condition. The criteria for the one urine drug test was not met.

**One MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46-47. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of spine pain with progressive neurological deficits and worsening clinical findings that is non responsive to treatment. The records did not show subjective or objective findings of consistent with neurological deficits or deterioration of the clinical conditions. The patient rated the pain score as 0/10 with medications and 3/10 without medications. The criterion for MRI was not met.

**One Cytochrome P450 assay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20. Decision based on Non-MTUS Citation Pain Chapter Medication metabolism

**Decision rationale:** The CA MTUS fully address the use of enzyme assays for the evaluation of medication metabolism and efficacy during chronic pain management. The ODG guidelines recognized that individual differences in the metabolism of pain medications can affect efficacy during chronic pain treatment. The records did not show that the patient is utilizing medications that are tested with the standard cytochrome P450 assay. There is documentation of 100% efficacy with the current pain medication regimen. The pain score was rated at 0/10 with medications. The criteria for cytochrome P450 assay was not met.

**One prescription for Cyclobenzaprine 5 mg, sixty count: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter, Muscle Relaxants

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with sedatives. The records indicate that lack of subjective or objective findings consistent with exacerbation of musculoskeletal pain. The patient reported a pain score of 3/10 without medications. There was limited objective findings in physical examinations. The criterion for the use of Flexeril 7.5mg was not met.

**One prescription of Omeprazole 20 mg, 45 count: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Proton Pump inhibitors Page(s): 68-71. Decision based on Non-MTUS Citation Pain Chapter, NSAIDs

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs associated gastrointestinal complications in patients with a history of gastrointestinal disease or the elderly. The records did not indicate that the patient had a history of NSAIDs related gastrointestinal disease such as peptid ulcer or GI bleed. The patient is 37years old, younger than the guideline recommended prophylactic treatment age of 65 years. The criterion for the use of Prilosec 20mg was not met.

**One prescription for Terocin patches, thirty count: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter, Compound Topical Products

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that compound topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. There is no documentation of failure of first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The Terocin patch contains menthol 10%, lidocaine 2.5%, capsaicin 0.025% and methyl salicylate 25%. There is lack of guideline support for the use of menthol and methyl salicylate for the long term treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch #30 was not met.

**One prescription of FLA cream, 180 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Topical analgesics

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that compound topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. There is no documentation of failure of first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. There is lack of guideline support for the use of topical creams for the long term treatment of chronic musculoskeletal pain. The criteria for the use of FLA cream was not met.