

<b>Case Number:</b>	CM14-0216289		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old male who sustained an industrial injury on 06/10/12. He reports right shoulder and lower back pain. Diagnoses include shoulder impingement, lumbar radiculopathy, and anxiety disorder. Treatment to date includes medications. In a progress note dated 10/30/14 the treating provider reports lumbar spine tenderness with spasm as well as tenderness in the right shoulder. Range of motion in the shoulder and lumbar spine are restricted. On 11/24/14 Utilization Review non-certified Capsaicin, Cidaflex, tramadol, cyclobenzaprine, and orphenadrine citing MTUS guidelines. Docusate was non-certified citing MTUS and ODG guidelines. Medrox and Ketoprofen were non-certified with no citation provided in the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% cream 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section, Topical Analgesics section Page(s): 28, 111-113.

**Decision rationale:** Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The medical records indicate that the injured worker's low back and right knee have worsened, and he is requesting a refill of his medication. There is no indication that this medication has been beneficial or how it is intended to be used. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Capsaicin 0.025% cream 2 refills is determined to not be medically necessary.

**Cidaflex tablets (chondroitin/glucosamine) #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) section Page(s): 50.

**Decision rationale:** The MTUS Guidelines recommend glucosamine and chondroitin as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records do not indicate that the injured worker has arthritis pain. There is a complaint of right knee pain, but no exam or diagnosis addresses the right knee. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Cidaflex tablets (chondroitin/glucosamine) #90 is determined to not be medically necessary.

**Cyclobenzaprine HCL tablets 10mg #60 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. This request is for chronic use of cyclobenzaprine which is not supported by the MTUS Guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms.

This request however is not for a tapering dose. The request for Cyclobenzaprine HCL tablets 10 mg #60 2 refills is determined to not be medically necessary.

**Docusate sodium 100mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment section.

**Decision rationale:** The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, but there are no reports problems with constipation. There is no assessment of bowel function or gastrointestinal complaints to establish medical necessity of this request. The request for Docusate sodium 100mg #100 is determined to not be medically necessary.

**Tramadol HCL 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 125.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not provide a comprehensive pain assessment indicating the need for opioid pain medication over non-opioid pain medication. There is no report of significant pain reduction and objective functional improvement with the use of tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol HCL 50 mg #60 is determined to not be medically necessary.

**Ketoprofen 75mg capsule 2 refills: 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 NSAIDs section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries but does report increased low back pain. NSAIDs should be used for the shortest period possible, and this request includes two refills. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Ketoprofen 75mg capsule 2 refills is determined to not be medically necessary.

**Omeprazole DR 20mg 2 refills: 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 NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for Omeprazole DR 20mg 2 refills is determined to not be medically necessary.

**Orphenadrine ER 100mg 2 refills: 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 (for pain) section, Weaning of Medications section Page(s): 63-65, 124.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The injured worker is

chronically injured without acute exacerbation reported. This request is for chronic treatment with a muscle relaxant which is not supported by the MTUS Guidelines. The request for Orphenadrine ER 100mg 2 refills is determined to not be medically necessary.

**Medrox pain relief ointment 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Topical Analgesics section Page(s): 28, 29, 111-113.

**Decision rationale:** Medrox Ointment is a topical analgesic containing the active ingredients methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.050% is not recommended by the MTUS Guidelines, the use of Medrox Ointment is not recommended. The request for Medrox pain relief ointment 2 refills is determined to not be medically necessary.