

<b>Case Number:</b>	CM15-0002091		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/30/2005
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Family Practice

### 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 53 year old female, who sustained an industrial injury on 10/30/2005. She has reported shoulder and neck pain. The diagnoses have included status post spinal fusion, radiculopathy, and right lateral epicondylitis. Treatment to date has included acupuncture, July 2007 right carpal tunnel release, February 2009 cervical discectomy and fusion C4-6 with instrumentation, steroid injection to right shoulder and rotator cuff repair in 2012. Currently, the IW complains of throbbing pain to neck that radiates to fingers. Pain was rated 5-6/10 VAS associated with weakness. Also complained of elbow pain rated 5/10 related to increased use. Prior injection and medications reported as helpful, specifics not documented. Plan of care included continuing medications as previously ordered and return to modified work status. On 12/24/2014 Utilization Review modified certification for Tramadol 50mg, noting the lack of documented symptomatic or functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/24/2014 Utilization Review non-certified Prilosec 20 mg QTY # 240, Cyclobenzaprine cream 60gm QTY #4, Toprophan QTY#120, and Fioricet 50/300/40mg QTY#120, noting the insufficient documentation to support that guidelines were met. The Chronic Pain Treatment Guidelines MTUS, were cited. On 1/5/2015, the injured worker submitted an application for IMR for review of Tramadol 50 mg QTY #240, Prilosec 20 mg QTY # 240, Cyclobenzaprine cream 60gm QTY #4, Toprophan QTY#120, and Fioricet 50/300/40mg QTY#120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic neck, shoulder, and upper extremity pain. This patient's injury dates back to 10/30/2005. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. There is no documentation that the treatment with tramadol has provided a return to function. Based on the documentation treatment with tramadol is not medically indicated.

**Prilosec 20mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** This patient receives treatment for chronic neck, shoulder, and upper extremity pain. This patient's injury dates back to 10/30/2005. Prilosec is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Prilosec is not medically indicated.

**Cyclobenzaprine cream 60mg #4:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic neck, shoulder, and upper extremity pain. This patient's injury dates back to 10/30/2005. Topical analgesics are considered

experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Cyclobenzaprine is classified as a muscle relaxer. Muscle relaxers are not recommended for use in its topical form to treat chronic pain. Cyclobenzaprine cream is not medically indicated.

**Toprophan #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of the treatment of chronic pain; UpToDate.com by Ellen Rosenquist, MD.

**Decision rationale:** This patient has chronic pain of the neck, shoulders, and upper extremity since 2005. Toprophan is an over the counter nutritional food not regulated by the FDA. It is not considered a prescription medication. This supplement contains vitamin B6, L-Tryptophan, chamomile, valerian extract, melatonin, inositol and other ingredients, says the manufacturer. These ingredients alone, or in combination, have no basis for recommending them to treat chronic pain, as there are no clinical trials that show efficacy in treating chronic pain. Toprophan is not medically indicated.

**Fioricet 50/300/40mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** This patient receives treatment for chronic neck pain and recurring headaches. Fioricet is a rather old combination analgesic product which contains a barbiturate. Fioricet has fallen from use because of this, as the risk/benefit ratio in barbiturate containing compounded drugs no longer are considered acceptable as newer modes of treatment. In addition, newer agents, unlike the barbiturates, have a very low incidence of drug dependency and rebound headache. Fioricet is not medically indicated.