

<b>Case Number:</b>	CM15-0102252		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 52 year old female who sustained an industrial injury on 9/24/2003. She reported neck, mid and low back, and bilateral shoulder pain. The injured worker was diagnosed as having lumbar degenerative disc disease, right rotator cuff tear, right shoulder impingement syndrome, right ulnar nerve entrapment, left carpal tunnel syndrome, and right carpal tunnel syndrome. MRI of the lumbar spine was performed in 2004, 2005, 2012, and 2013. Treatment to date has included right shoulder rotator cuff repair, chiropractic therapy, epidural injections, and medications. Norco was prescribed from June 2013 to August 2014. Ultram and motrin were prescribed in January 2015. Tylenol with codeine and motrin were prescribed in May 2015. On 1/5/2015, she complained of pain to the neck, mid and low back and bilateral shoulders. On 5/4/2015, she complained of pain to the neck, mid back, low back, and bilateral shoulders. She is noted to have tenderness of the shoulders, and mid and low back. Testing revealed on the right a positive Hawkins, and Tinel's sign; on the left a positive Neers, and Hawkins, and Lasegue's bilaterally. She has a normal gait. Work status was noted as modified work with restrictions. The treatment plan included medications, magnetic resonance imaging of the lumbar spine, interferential unit for home use, urine drug screen, and follow up in 4 months. On May 21, 2015, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1MRI of the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

**Decision rationale:** This injured worker has chronic low back pain, with multiple prior MRIs of the lumbar spine, performed in 2004, 2005, 2012, and 2013. The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. In this case, there was no documentation of examination findings of specific nerve compromise, and no documentation of plan for surgery. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. No recent electrodiagnostic studies were submitted. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There was no documentation of red flag diagnoses or consideration of surgery. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, there was no documentation of reinjury or significant change in symptoms or findings since the multiple prior MRI studies. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. Due to lack of red flag diagnoses, plan for surgery, significant neurological findings on examination, and lack of documentation of significant clinical changes since prior MRI studies, the request for 1 MRI of the lumbar spine is not medically necessary.

**1 Prescription of Tylenol #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol #3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back pain. Opioids have been prescribed for several years. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no

discussion of functional goals. Work restrictions were noted without any recent decrease in work restrictions, and return to work was not documented. Urine drug testing was discussed but no recent results were submitted. An opioid contract was not discussed or submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tylenol #3 does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

### **1 Prescription of Motrin 800mg #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** This injured worker has chronic low back pain. Motrin has been prescribed for several months and the documentation indicates prior use of motrin as well. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain (as in this case), NSAIDs should be used for the short term only. There was no documentation of functional improvement as a result of use of motrin. Work restrictions were not decreased, there was no documentation of improvement in activities of daily living as a result of use of motrin, there was no documentation of decrease in medication use, and no documentation of decrease dependence on medical treatment. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS

recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The treating physician is prescribing oral and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Due to length of use in excess of the guideline recommendations, lack of functional improvement, and potential for toxicity, the request for motrin is not medically necessary.

### **1 Prescription of Gaba/Flur compound cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain p. 60, topical analgesics p. 111-113 Page(s): 60, 111-113.

**Decision rationale:** This injured worker has chronic back pain. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of neuropathic pain, or of trial and failure of antidepressant or anticonvulsant medication. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. There was no documentation of diagnosis of osteoarthritis for this injured worker, and the site of application was not specified. Topical non-steroidal are not recommended for neuropathic pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. As both drugs in this compounded topical medication are not recommended, the compound is not recommended. As such, the request for 1 Prescription of Gaba/Flur compound cream is not medically necessary.

### **1 follow up appointment in 4 months: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Evaluation and management (E&M).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: office visits.

**Decision rationale:** This injured worker has chronic back pain. The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The treating physician has documented ongoing pain and some abnormal physical examination findings. Additional treatments including interferential stimulation unit were prescribed and previously approved. Although some medications were not approved, the treating physician has documented intent for continuation of medication treatment. The Utilization Review determination states that the follow up appointment is not necessary as the injured worker is not currently on opioid medication or in need of medication management; however, the injured worker has been approved for treatment with other modalities in addition to medications and the treating physician has documented discussion of possible surgical treatment of the shoulder, with abnormal physical findings, and these factors were not considered in the Utilization Review determination. Due to continued symptoms, abnormal examination, and documented need for continued treatment, the request for 1 follow up appointment in 4 months is medically necessary.

### **1 Prescription of Gaba keto compound cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain p. 60, topical analgesics p. 111-113 Page(s): 60, 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of neuropathic pain, or of trial and failure of antidepressant or anticonvulsant medication. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. Ketoprofen, a non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDs are not recommended for neuropathic pain. There was no documentation of diagnosis of osteoarthritis for this injured worker, and the site of application was not specified. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. As both drugs in this compounded topical medication are not recommended, the compound is not recommended. As such, the request for 1 Prescription of Gaba keto compound cream is not medically necessary.

