

<b>Case Number:</b>	CM15-0136595		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: New York

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 36 year old female, who sustained an industrial injury on 01-02-2008. She has reported subsequent neck, bilateral shoulder, bilateral arm and hand pain and was diagnosed with cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral carpal tunnel syndrome. Treatment to date has included oral and topical pain medication and carpal tunnel release surgery. Documentation shows that Fexmid, Nalfon, Prilosec, Ultram, Norco and Flurbiprofen-Menthol-Camphor-Capsaicin cream were prescribed at least since 10-20-2014. In a progress note dated May 30, 2015, the injured worker reported continued cervical spine pain, bilateral upper shoulder pain radiating to the bilateral arms and associated with numbness and tingling and left wrist and hand pain. Objective findings were notable for tenderness to palpation of the cervical spine, left elbow and lumbar spine, reduced range of motion of the cervical and lumbar spine secondary to pain and stiffness, positive Tinel's sign over the ulnar nerve of the left arm, positive Tinel's and Phalen's sign at the bilateral wrists (left greater than right) and diminished sensation to light touch and pinprick at the bilateral C6 dermatomal and median nerve distribution. The beneficiary was noted to be off work. A request for authorization of left carpal tunnel release, Fexmid (Cyclobenzaprine) 7.5 mg, Nalfon (Fenoprofen Calcium) 400 mg, Prilosec (Omeprazole) DR 20 mg, Ultram ER (Tramadol) HCL ER 150 mg, Norco (Hydrocodone Bitartrate & Acetaminophen) 10/325 mg, topical cream 30 gm, topical cream 120 gm and urine toxicology testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic)--Carpal tunnel release surgery (CTR).

**Decision rationale:** ODG Indications for Surgery--Carpal Tunnel Release: I. Severe CTS, requiring ALL of the following: A. Symptoms/findings of severe CTS, requiring ALL of the following: 1. Muscle atrophy, severe weakness of thenar muscles. 2. 2-point discrimination test > 6 mm. B. Positive electrodiagnostic testing, OR, II. Not severe CTS, requiring ALL of the following: A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following: 1. Abnormal Katz hand diagram scores. 2. Nocturnal symptoms. 3. Flick sign (shaking hand). B. Findings by physical exam, requiring TWO of the following: 1. Compression test. 2. Semmes-Weinstein monofilament test. 3. Phalen sign. 4. Tinel's sign. 5. Decreased 2-point discrimination. 6. Mild thenar weakness (thumb abduction). C. Comorbidities: no current pregnancy. D. Initial conservative treatment, requiring THREE of the following: 1. Activity modification  $\geq$  1 month. 2. Night wrist splint  $\geq$  1 month. 3. Nonprescription analgesia (i.e., acetaminophen). 4. Home exercise training (provided by physician, healthcare provider or therapist). 5. Successful initial outcome from corticosteroid injection trial (optional). See Injections. [Initial relief of symptoms can assist in confirmation of diagnosis and can be a good indicator for success of surgery if electrodiagnostic testing is not readily available.] E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results] In this case of injured worker, information submitted in the medical records is not clear about the conservative measures taken. As per guidelines mentioned herein, the requested treatment: Left carpal tunnel release is not medically necessary.

**Fexmid (Cyclobenzaprine) 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** As per CA MTUS guidelines, muscle relaxants are recommended "with caution as a second line options for short-term acute exacerbations in patients with chronic low back pain and limited, mixed-evidence does not allow for a recommendation of Cyclobenzaprine for chronic use". Guidelines state that this medication is not recommended to be used for longer

than 2-3 weeks. Muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. The documentation submitted showed that Fexmid (Cyclobenzaprine) had been prescribed to the injured worker since at least 10-20-2014. There is no documentation of functional improvement from any previous use of this medication as there is no documentation of a change in work status or improvement with performance of activities of daily living, or quality of life. There is no documentation of a significant reduction in pain and the most recent progress notes do not rate the severity of pain. In addition, this medication is not recommended for long term use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request for Fexmid is not medically necessary.

**Nalfon (Fenoprofen Calcium) 400mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, NSAID's.

**Decision rationale:** Fenoprofen Calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the CA MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenoprofen is an NSAID medication, which is less effective, and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenoprofen. There was also no documentation of a change in work status, improved performance of activities of daily living or improved quality of life despite use since at least 10-20-2014. Medical necessity of the requested medication has not been established. The requested treatment: Nalfon (Fenoprofen Calcium) 400mg is not medically necessary.

**Prilosec (Omeprazole) DR 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the CA MTUS, proton pump Inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) with documented gastrointestinal (GI) distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating this injured worker has any GI symptoms or GI risk factors. In this case, Nalfon was not found to be not medically necessary. Medical necessity for Omeprazole has not been established. The requested treatment: Prilosec (Omeprazole) DR 20mg is not medically necessary.

**Ultram ER (Tramadol HCL) ER 150mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

**Decision rationale:** As per CA MTUS, Tramadol is a synthetic opioid indicated for moderate to severe pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 10-20-2014 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. The most recent progress note does not document the severity of pain, intensity of pain after taking Tramadol or the duration of pain relief. There was no documentation of a change in work status, improved performance of activities of daily living or improved quality of life. As per MTUS guidelines opioid medication should be discontinued with no evidence of objective functional improvement unless extenuating circumstances are documented. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Tramadol is not medically necessary.

**Norco (Hydrocodone Bitartrate & Acetaminophen) 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

**Decision rationale:** According to the CA MTUS, Norco (Hydrocodone-Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 10-20-2014 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. The most recent progress note does not document the severity of pain, intensity of pain after taking Norco or the duration of pain relief. There was no documentation of a change in work status, improved performance of activities of daily living or improved quality of life. As per MTUS guidelines opioid medication should be discontinued with no evidence of objective functional improvement unless extenuating circumstances are documented. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Norco is not medically necessary.

**Topical cream 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system, excluding ophthalmic. MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol is a compound from peppermint oil. Its use in isolation to treat chronic pain is not supported by evidence based treatment guidelines. There is no documentation of intolerance to other previous oral medications. There is also no evidence of objective functional improvement or significant pain reduction despite use since at least 10-20-2014. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

**Topical cream 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol is a compound from peppermint oil. Its use in isolation to treat chronic pain is not supported by evidence based treatment guidelines. There is no documentation of intolerance to other previous oral medications. There is also no evidence of objective functional improvement or significant pain reduction despite use since at least 10-20-2014. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

**Retrospective: Massage therapy 2x12=24 total visits (5/30/15-9/30/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** As per CA MTUS guidelines, massage therapy can be indicated if used as an adjunct to other recommended treatment (e.g., exercise) and should be limited to 4-6 visits in most cases. Scientific studies have shown contradictory results and many studies lack long-term follow-up. In this case, the physician has requested a total of 24 massage therapy visits which exceeds the recommended guidelines. There is no documentation of any extenuating circumstances that would justify exceeding the recommended guidelines. There is also no indication that this treatment is being used as an adjunct to other recommended treatment. Medical necessity of the massage therapy visits has not been established and the requested treatment is not medically necessary.

**Urine toxicology testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Urine Drug Testing.

**Decision rationale:** As per CA MTUS guidelines, for ongoing management of patients prescribed opioid medication, random frequent urine drug screens is one step to avoid misuse of opioids, especially for those at high risk of abuse. As per ODG, urine drug testing is recommended to monitor compliance with prescribed medication, identify the use of undisclosed substances and identify possible diversion. Urine drug testing is recommended at the start of treatment in a new patient who is already taking a controlled substance, when chronic opioid management is considered, in cases where a patient asks for a specific drug, if the patient has a positive or at risk addiction screen, or if aberrant behavior or misuse is suspected or detected. Review of Medical Records do not indicate substance abuse, noncompliance, or aberrant behavior. In this case, the urine drug screen is being requested to monitor compliance with opioid medication, however the prescribed opioid medications (Tramadol and Norco) are determined to be not medically necessary. Therefore, the requested treatment: for urine toxicology testing is not medically necessary.