

<b>Case Number:</b>	CM15-0162713		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 60 year old female, who sustained an industrial injury on 5-24-10. She reported bilateral wrist trauma. The injured worker was diagnosed as having lumbar radiculopathy, multiple cervical and lumbar disc protrusions, general orthopedic issues including bilateral wrist and knees, chronic mid back pain osteoarthritis of bilateral knees and cervical radiculopathy. Treatment to date has included repair of oral medications including Ultracet 37.5, Pamelor 25mg, Prilosec 20mg, Fenoprofen 400mg; topical Ketoprofen cream, chiropractic, treatment, acupuncture and physical therapy. (EMG) Electromyogram studies performed on 6-4-15 revealed a normal study. Currently on 6-12-15, the injured worker complains of constant, aching pain in low back with radiating numbness down bilateral lower extremities, rated 5 out of 10 and constant aching pain in neck with intermittent radiation of burning and pins and needles down both arms, rated 4-5 out of 10. She also notes difficulty sleeping due to pain. Work status is noted to be permanent and stationary. Physical exam performed on 6-12-15 revealed limited range of motion of cervical and lumbar spine, decreased sensation of L4, 5 and S1 dermatomes and pain with cervical and lumbar facet loading bilaterally. Range of motion of cervical and lumbar spine is noted to be limited. A request for authorization was submitted on 6-12-15 for Omeprazole 20mg #120, Nabumetone 750mg #120, Tramadol-apap 37.5-325mg #90, Gabapentin 600mg 330, Caps 0.05% cream, labs and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #120: Upheld**

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

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

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented gastrointestinal (GI) distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and-or anticoagulants, or high dose-multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Gabapentin 600 mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records documented that this patient has neuropathic pain related to her chronic low back and neck condition. Neurontin has been part of her medical regimen. However, there is no documentation of subjective or objective findings consistent with improvement from previous usage of Neurontin. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

**CM4-Caps 0.05% + Cyclo 4% ( topical cream): Upheld**

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

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

**Decision rationale:** There is no documentation provided necessitating the use of the requested topical medication, CM4-Caps 0.05% and Cyclo 4%. 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, 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. In this case there is no documentation provided necessitating CM4-Caps 0.05% and Cyclo 4%. This medication contains capsaicin and Cyclobenzaprine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Cyclobenzaprine is not FDA approved for use as a topical application. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

**Labs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** CA MTUS recommends periodic monitoring of CBC and chemistry laboratory studies for individuals receiving non-steroidal anti-inflammatory drugs (NSAID's). A recommendation has also been made to measure liver transaminases within 4-8 weeks after starting therapy; however the interval of repeating lab tests following initial testing has not been established. In this case notation is made of slightly elevated liver enzymes; however the ordering physician failed to document which lab studies were ordered. Based on the information presented, the lab studies are not medically necessary.

**Tramadol/APAP 37.5/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per California MTUS Guidelines, certain criteria has to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. The injured worker has been on Ultracet at least, since 3-28-15. According to the

medical documentation, there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity for the requested medication has not been established. The requested treatment with Ultracet is not medically necessary.