

<b>Case Number:</b>	CM15-0186794		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/11/2000
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 50 year old male, who sustained an industrial injury on 2-11-2000. Medical records indicate that the injured worker is undergoing treatment for status-post coma, temporomandibular joint dysfunction pain, status-post multiple fractures and surgeries, probable reflex sympathetic dystrophy syndrome of the left upper and lower extremities, probable cervical and lumbar radiculopathy, chronic pain syndrome, emotional distress, sleep disturbance and cognitive impairment. The injured worker was currently not working. On (6-23-15 and 4-21-15) the injured worker reported having difficulty with activities of daily living such as self-care, difficulty with urinating normally, inability to write and difficulty with standing and climbing stairs. The injured worker also noted difficulty feeling contact on his skin, difficulty grasping and lifting and difficulty with sleeping. Objective findings note that the injured worker had craniocervical tenderness and spasm, as well as temporomandibular joint dysfunction tenderness. The injured workers speech was mildly aphasic and he was very forgetful. The injured worker had left arm weakness with pronation draft and could not grip with the left hand. The left lower extremity was very weak, with an orthotic brace. The injured worker needed a crutch to walk. Tenderness to palpation was noted of the interscapular region. A straight leg raise test was positive bilaterally. Treatment and evaluation to date has included medications, toxicology screen (3-2-15), computed tomography scan of the abdomen, aquatic therapy, acupuncture treatments and physical therapy. The amount of completed physical therapy and acupuncture treatments was not identified. Current medications include Norco, Protonix (since at least November of 2014), Lopressor, Bupropion and Bupropion. The injured worker was prescribed

Flexeril, Naproxen and 3 transdermal compounds on 6-23-15. The request for authorization dated 8-24-15 included requests for Pantoprazole 20 mg # 30, Cyclobenzaprine 7.5 mg # 60, Naproxen 500 mg # 60, one toxicology screen, 3 transdermal compounds (10% Cyclobenzaprine, 10% Gabapentin cream 180 gm, Flurbiprofen 20% cream 180 gm and Tramadol 20% cream 180 gm), physical therapy # 12 and acupuncture treatments # 12. The Utilization Review documentation dated 9-2-15 non-certified the requests for Pantoprazole 20 mg # 30, Cyclobenzaprine 7.5 mg # 60, Naproxen 500 mg # 60, one toxicology screen, 3 transdermal compounds (10% Cyclobenzaprine, 10% Gabapentin cream 180 gm, Flurbiprofen 20% cream 180 gm and Tramadol 20% cream 180 gm), physical therapy # 12 and acupuncture treatments # 12.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pantoprazole 20 mg #30: 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Proton pump inhibitors (PPIs).

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or 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. Also Naproxen is determined to be medically not necessary. Based on the available information provided for review, the medical necessity for Protonix has not been established.

#### **Cyclobenzaprine 7.5 mg #60: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Muscle relaxants.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if the injured worker has shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment Cyclobenzaprine 7.5 mg #60 is not medically necessary.

available records are not clear if the injured worker has shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment Cyclobenzaprine 7.5 mg #60 is not medically necessary.

**Naproxen 500 mg #60:** 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 rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for nonsteroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short-term therapy. It is recommended at lowest dose for the shortest period in patients with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. Medical record did not include evidence of functional improvement with this medication and reduction in the dependency on continued medical treatment. There was no evidence of an acute condition or an acute exacerbation of the condition that determined the medical necessity of the medication. Therefore Naproxen 500 MG Qty 60 is not medically necessary and appropriate.

**3 transdermal compounds (10% cyclobenzaprine, 10% gabapentin cream 180 gm, flurbiprofen 20% cream 180 gm and tramadol 20% cream 180 gm):** 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, 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 rationale provided necessitating the requested treatment for 3 transdermal compounds (10% cyclobenzaprine, 10% gabapentin cream 180 gm, Flurbiprofen 20% cream 180 gm and tramadol 20%. Flurbiprofen is used as a topical NSAID. It 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 gabapentin is not recommended topically. There is no peer-reviewed literature to support its use. Medical necessity for the requested topical compound medication has not been established. The requested treatment: 3 transdermal compounds (10% cyclobenzaprine, 10% gabapentin cream 180 gm, Flurbiprofen 20% cream 180 gm and tramadol 20% is not medically necessary.

**12 sessions of physical therapy:** 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): Physical Medicine.

**Decision rationale:** The prescription for Physical Therapy is evaluated in light of the MTUS recommendations for Physical Therapy. MTUS recommends 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The records do not indicate functional benefit from prior physical therapy visits. Also there is no mention of any significant change of symptoms or clinical findings, or acute flare up to support PT. The request for 12 sessions of physical therapy is not medically necessary and appropriate.

**12 sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical necessity for any further acupuncture is

considered in light of "functional improvement". The records are not clear about the number of prior treatments, this injured worker had, and there is no clear documentation about its functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Given the MTUS recommendations for use of acupuncture, the requested treatment for 12 sessions of acupuncture is not medically necessary and appropriate.