

<b>Case Number:</b>	CM15-0192066		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 40 year old female, who sustained an industrial injury, October 20, 2014. The injured worker was undergoing treatment for post-concussion syndrome with headaches, thoracic sprain and or strain, thoracic myofascitis, lumbosacral sprain and or strain, lumbar muscle spasms, lumbar disc protrusion with annular tear at L3-L5, right elbow sprain and or strain with ligament sprain, bilateral tibial motor neuropathy and left peroneal motor neuropathy. According to progress note of September 14, 2015, the injured worker's chief complaint was occasional moderate headaches, rating the pain at 6 out of 10. The injured worker also had moderate to severe 6 out of 10 pain with burning upper to mid back pain and tingling. The injured worker had constant moderate 6 out of 10 sharp low back pain. The injured worker also complained of severe 9 out of 10 burning right elbow pain and cramping radiating to the shoulder and wrist with cramping. The physical exam noted 3 plus tenderness with palpation of the thoracic paravertebral muscles. There were spasms of the thoracic paravertebral muscles. The lumbar range of motion was decreased and painful. The Kemp's test caused pain bilaterally. The injured worker previously received the following treatments 9 physical therapy visits, lumbar spine MRI, aqua therapy, Naproxen and Tramadol in March 24, 2015. The RFA (request for authorization) dated the following treatments were requested Omeprazole, Flexeril, Relafen, Methoderm Ointment, Avalin Patches and Urine toxicology. The UR (utilization review board) denied certification on September 18, 2015; for prescriptions for Omeprazole, Flexeril, Relafen, and Methoderm Ointment, Avalin Patches and Urine toxicology.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Possible Corticosteroid Injection if Conservative Management Fails: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** Regarding the request for corticosteroid injection, ACOEM cites that "physicians may consider referring the patient to a specialist for local anesthetic and corticosteroid injections into tender areas of epicondylitis and, possibly, injection in the area of the radial tunnel in the forearm for distal symptoms. In most cases, physicians should carry out conservative measures for four to six weeks before considering injections." Within the documentation available for review, there is documentation of conservative treatment for 4-6 weeks prior to the consideration of injection. In fact, the physician has ordered the patient to try elbow brace and medication management at this time. In the absence of documentation of conservative treatment failure, the currently requested corticosteroid injection is not medically necessary.

### **Flexeril: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

### **Omeprazole 20 MG: Upheld**

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

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

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

**Relafen 500 MG:** 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:** Regarding the request for Relafen (nabumetone), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is concurrent prescription for both Ibuprofen and Relafen without clear rationale of why both are indicated. In the absence of such documentation, the currently requested Relafen is not medically necessary.

**Menthoderm Ointment:** Upheld

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

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

**Decision rationale:** Regarding the request for Mentoderm, this topical compound is a combination of methyl salicylate and menthol (according to the Mentoderm website). Guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Mentoderm is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Mentoderm is not medically necessary.

**Avalin Patches:** Upheld

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

**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, Biofreeze and Cryotherapy gel.

**Decision rationale:** Avalin is a topical patch with active ingredients of lidocaine and menthol. The CPMTG states that in order for a compounded topical to be recommended, all components must be recommended. Regarding the component of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that menthol is recommended only for acute low back pain. This is found in the ODG under the Biofreeze entry. This worker has documentation of chronic low back pain. As such, the currently requested topical formulation, which contains menthol, is not medically necessary.

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of Tramadol. There is no risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.