

<b>Case Number:</b>	CM15-0200029		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Pediatrics, 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 55-year-old male who sustained an industrial injury on 7-8-2014. Diagnoses have included post-traumatic stress disorder, adjustment disorder with mixed anxiety and depressed mood, cervical strain, right rib cage contusion, abdominal contusions, facial and dental pain, and change in bowel habits. Documented treatment includes at least 8 psychotherapy sessions found to be "very helpful," but on 8-20-2015 the physician noted concern in depression and anxiety resulting in isolation behavior which contraindicated therapeutic activity and exercise. Other treatment noted includes acupuncture for the neck, and medication including cyclobenzaprine for muscle spasm noted to impact range of motion; pantoprazole due to stated stomach upset due to taking NSAID. The physician stated the injured worker "is at intermediate risk for development of adverse GI events" and has a history of nausea and gastrointestinal upset with medication. A gastroenterology consultation 4-6-2015 stated that due to findings of gastric polyps and reflux esophagitis, the injured worker should avoid NSAIDS. Notes state he had been on unspecified NSAIDS prior to this examination. At 8-20-2015 visit, the treating physician stated a desire to add an unidentified compound topical medication containing NSAID, anti- spasmotic, analgesic, and antiepileptic drug with a "desire to discontinue all oral medication." On 8-20-2015, the injured worker reported rib, abdominal, cervical, and facial pain stated for greater than one year. Other injuries were also treated from a separate injury. Examination noted cervical paraspinal musculature tenderness, left upper extremity weakness, right flank tenderness, facial tenderness, and tenderness in bilateral lower and right upper quadrant of the abdomen. It was noted that there was uncertainty if the abdominal pain was a result of medication. The treating physician's plan of care includes a psychiatric consultation and treatment, random urine toxicology screen, Cyclobenzaprine 7.5 mg #90, Pantoprazole 20 mg #90, and a topical compound 300 gm #1, all of which were denied on 9-23-2015. The injured worker has been working full time regular duty.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych consult and treat:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain - Psychological evaluations.

**Decision rationale:** Per ODG guidelines, psychological evaluations are recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The documentation notes that the IW had appropriate affect for time and place and there are no concerns noted in the discussion. The request is not medically necessary and appropriate.

**Cyclobenzaprine 7.5mg PO TID #90:** Upheld

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

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

**Decision rationale:** Flexeril is recommended as an option for muscle spasms using a short course of therapy. Treatment should be brief, no longer than 2-3 weeks. There is no clear evidence in the notes provided that the IW has benefit from the muscle relaxer and at this time frame routine use of these medications is not indicated. Additionally, there is no documentation of response to the medication that would justify continued prescription of the medication. The request is not medically necessary and appropriate.

**Pantoprazole 20mg PO TID #90: Upheld**

**Claims Administrator 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 (online version).

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

**Decision rationale:** According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was notation of GI symptoms but no history of risk factors nor active prescription of an NSAID. This request is not medically necessary or appropriate.

**Topical compound 300gm TID #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation [http://www.leginfo.c.gov/pub/11-12/bill/asm/ab\\_03510400/ab\\_378\\_20110908\\_amended\\_sen\\_v94.html](http://www.leginfo.c.gov/pub/11-12/bill/asm/ab_03510400/ab_378_20110908_amended_sen_v94.html).

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

**Decision rationale:** Topical NSAID's are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. The request notes that the compound contains an NSAID, anti-spasmodic, analgesic and an antiepileptic medication. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per MTUS guidelines, antiepileptic and antispasmodic agents are not recommended in a topical compound. This request is not medically necessary and appropriate.

**Random Urine toxicology screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

**Decision rationale:** According to MTUS guidelines, IW's treated with opioids may be required to sign a pain treatment agreement. Part of the agreement may include urine screening for medication and illicit substances. No pain management agreement was submitted stating urinalysis was required and there was no notation of irregular behavior suggesting abuse. This request is not medically necessary and appropriate.