

<b>Case Number:</b>	CM15-0204211		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/04/2005
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2015

### 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: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 4-4-05. The injured worker was diagnosed as having cervical sprain-strain; complex regional pain syndrome-right upper extremity; status post carpal tunnel release with residual s with recurrent carpal tunnel; status post excision right forearm ganglion cyst with recurrent lateral epicondylitis: right elbow; symptoms of anxiety; depression; insomnia. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 9-11-15 had minimal documentation that was hand written and difficult to decipher. The notes appeared to relate to topical medications. A PR-2 note dated 8-7-15 indicated the injured worker complains of increased pain to her neck and both wrists and hand pain with numbness and tingling sensation. The provider documents "The patient rates her right wrist pain at a 10, left wrist pain at a 8, and neck pain at a 9 from a scale of 1-10 with 10 being worse. The patient states forceful gripping and grasping aggravated her wrists and hands." The provider documents a physical examination of the right and left wrists as well as the cervical spine. His treatment plan included a request for an updated MRI of the cervical spine and right wrist. He administered a Toradol injection and recommended an internal medicine evaluation for her hypertension and a psychological consult for her stress and depression. He has also requested multiple medication refills; Ambien 10mg, #30; Meloxicam 7.5mg, #30; Xanax 0.5mg, #60; Flexeril 7.5mg, #120; Voltaren 100mg, #60; Prilosec 20mg, #60. These medications have been prescribed per PR-2 notes dated 7-10-15, 6-5-15, 5-8-15 and 4-10-15. The topical compound creams were not mentioned and therefore a defined initial date for these medications is not noted. A Request for Authorization is dated 10-17-15. A Utilization Review letter is dated

9-25-15 and non- certification for Ambien 10mg, #30; Meloxicam 7.5mg, #30; Xanax 0.5mg, #60; Flexeril 7.5mg, #120; Voltaren 100mg, #60; Prilosec 20mg, #60; Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% Cream 120grams with 3-refills, and Flurbiprofen 10%, Capsaicin .25%, Menthol 2%, Camphor 1% Cream 120grams with 3-refills. A request for authorization has been received Ambien 10mg, #30; Meloxicam 7.5mg, #30; Xanax 0.5mg, #60; Flexeril 7.5mg, #120; Voltaren 100mg, #60; Prilosec 20mg, #60; Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% Cream 120grams with 3-refills, and Flurbiprofen 10%, Capsaicin .25%, Menthol 2%, Camphor 1% Cream 120grams with 3-refills.

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

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

**Ambien 10mg, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10mg, #30 is not medically necessary.

**Meloxicam 7.5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Meloxicam 7.5mg, #30 is not medically necessary.

**Xanax 0.5mg, #60: Upheld**

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

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

**Decision rationale:** Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax 0.5mg, #60 is not medically necessary.

**Flexeril 7.5mg, #120: Upheld**

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

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

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Flexeril 7.5mg, #120 is not medically necessary.

**Voltaren 100mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

**Decision rationale:** According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Voltaren 100mg, #60 is not medically necessary.

**Prilosec 20mg, #60: 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:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used 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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg, #60 is not medically necessary.

**Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% Cream 120grams with 3-refills:**  
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:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% Cream 120grams with 3-refills is not medically necessary.

**Flurbiprofen 10%, Capsaicin .25%, Menthol 2%, Camphor 1% Cream 120grams with 3-refills:** Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 10%, Capsaicin .25%, Menthol 2%, Camphor 1% Cream 120grams with 3-refills is not medically necessary.