

<b>Case Number:</b>	CM15-0035179		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Emergency 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 female who has reported mental illness and multifocal pain of gradual onset and attributed to usual work activity, with a listed injury date of June 22, 2011. The diagnoses have included cervical disc syndrome, cervical neuritis, radiculitis, rotator cuff sprain/strain, shoulder sprain/strain, carpal sprain/strain, left carpal tunnel syndrome and anxiety. Treatment to date has included NSAIDs, gabapentin, opioids, omeprazole, chiropractic, TENS, physical therapy and chiropractic care. There is no evidence of any return to work since 2011, and most reports list the work status as "temporarily totally disabled". The orthopedic QME from February 2014 noted the many treatments to date, none of which were of any apparent efficacy or resulted in a return to work. The current treating physician began seeing this injured worker on 8/7/14. Work status remained "temporarily totally disabled". The prior treatment history was not discussed. Anaprox, Norco, Prilosec, and topical agents were dispensed. A urine drug screen was performed and Acupuncture was prescribed. The periodic reports from the current treating physician are brief and do not discuss the specific results of using any specific medication. Work status remains as "temporarily totally disabled". The current medications are continued chronically. A urine drug screen of 8/7/14 was positive for tramadol and carisoprodol. A urine drug screen on 9/4/14 was positive for tramadol only. Per the PR2 dated January 8, 2015, there was neck, shoulder, and wrist pain with weakness. Pain was relieved with all medications, but specific results from individual medications was not discussed. There was decreased range of motion in all areas. There was no discussion of the specific findings for any psychiatric conditions, or the results of using Xanax. There was no discussion of the specific indications and

results for any of the medications. The treatment plan and requests included those items now under Independent Medical Review. All of the treatments were listed for anxiety as well as all the orthopedic diagnoses. The list of dispensed/prescribed medications included Anaprox, Prilosec, Xanax, Terocin, Gabapentin-Amitriptyline-Dextromethorphan topical cream, and Flurbiprofen-Baclofen-Dextromethorphan topical cream. On February 6, 2015 Utilization Review non-certified acupuncture, chiropractic therapy, "prescription drug-generic", Gabapentin/Amitriptyline/Dextromethorphan topical cream, Flurbiprofen/Baclofen/Dextromethorphan topical cream, Xanax 0.5mg #60, Prilosec/Omeprazole 20mg #60 and Terocin patch #30. The MTUS and the Official Disability Guidelines were cited.

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

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

#### **12 sessions of acupuncture for the cervical spine/radiculopathy: Upheld**

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

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

**Decision rationale:** The prescription for acupuncture is evaluated in light of the MTUS recommendations for 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. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. The medical records are clear that there have been prior courses of acupuncture. The treating physician did not discuss any of the prior acupuncture treatment. The injured worker remains on "temporarily totally disabled" status, which is such a profound degree of disability that the injured worker is largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including prior acupuncture. The treating physician has not provided any evidence of prior functional improvement from acupuncture. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS.

#### **12 sessions of chiropractic therapy for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). It is clear from the medical records that this injured worker has received chiropractic treatment over the course of years. The treating physician has stated that

the patient is "temporarily totally disabled", which implies near bed-bound status, inability to perform most ADLs, and inability to perform nearly all exercise. This is evidence of no functional improvement. The treating physician has not provided any evidence of functional improvement to date and did not discuss the results of prior chiropractic treatment. No additional manual and manipulative therapy is medically necessary based on the lack of functional improvement after the prior chiropractic treatment.

**Gabapentin/Amitriptyline/Dextromethorphan topical cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60,111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical gabapentin and it is not recommended. There is no good evidence to support using topical amitriptyline or dextromethorphan. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, and lack of medical evidence.

**Flurbinprofen/Baclofen/Dextromethorphan topical cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment

of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. There is no good evidence to support topical dextromethorphan. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

**Zanax 0.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 22, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle Relaxants, Benzodiazepines Page(s): 24,66.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. None of the reports address the specific medical necessity. The MTUS does not recommend benzodiazepines for long-term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The MTUS does not recommend benzodiazepines as muscle relaxants. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risks Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The MTUS,

FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

**Terocin patch #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 (ODG) Chronic Pain-Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Analgesics Page(s): 60,111-113. Decision based on Non-MTUS Citation December 5, 2006 FDA Alert, FDA Warns Five Firms To Stop Compounding Topical Anesthetic Creams.

**Decision rationale:** The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Note the FDA warning cited above. Topical lidocaine like that in Terocin is not indicated per the FDA, and places patients at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula prescribed is not clear. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.