

<b>Case Number:</b>	CM15-0036476		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 46 year-old female who has reported widespread pain of gradual onset attributed to usual custodial work, with a listed injury date of 07/15/2011. The diagnoses have included cervical radiculopathy, cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, right elbow sprain/strain, right wrist sprain/strain, and left wrist sprain/strain. Treatments to date have included physical therapy, acupuncture, shoulder injection, chiropractic, and medications. Physicians prior to the current treating physician have prescribed NSAIDs and PPIs, with no specific benefit and insufficient rationales for long-term use. The treating physician reports during 2014-2015 are non-specific and do not adequately address the indications and results for any medications. Medications, physical therapy, and acupuncture were prescribed. Per a progress note dated 12/16/2014, there was pain in the cervical spine, lumbar spine, right shoulder, right elbow, right wrist, left wrist, right hand, left hand, and left knee. Unspecified medications were reported to provide pain relief. The painful areas were tender with limited range of motion. There was spasm in the neck and back. There was no discussion of function, or patient-specific results or indications for any specific medications. The work status was "temporarily totally disabled." The treatment plan included the medications now under Independent Medical Review, electrodiagnostic testing, urine drug screen, unorthodox other testing, and wrist splints. On 02/25/2015 Utilization Review non-certified Naproxen 550mg, Tramadol 37.5/325mg, Cyclobenzaprine 7.5mg, Omeprazole 20mg, Compound topical Gabapentin 10%-Amitriptyline 10%-Bupivacaine 5%, and Compound topical cream

Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025%. The MTUS chronic pain guidelines were cited.

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

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

**Naproxen 550 mg, quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60,68,70.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity, frequency, and duration of this medication. Prescriptions for NSAIDs, per the MTUS, should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The patient injured worker remains "temporarily totally disabled," indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment to date. None of the kinds of functional improvement discussed in the MTUS are evident. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. The treating physician is prescribing both oral and topical NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, lack of a sufficiently specific request, and prescription not in accordance with the MTUS and the FDA warnings.

**Tramadol 37.5/325 mg, quantity unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials. Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity, frequency and duration of this medication. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as "temporarily totally disabled," which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Cyclobenzaprine 7.5 mg, quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity, frequency, and duration of this medication. Prescriptions for muscle relaxants, per the MTUS, should be for the short term only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed was not requested, which can imply long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Omeprazole 20 mg, quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for proton pump inhibitors (PPI), per the MTUS and other guidelines, should be for the short term only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. 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. Co-therapy 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, an insufficient prescription request, and risk of toxicity.

**Compound topical cream 240 gm (Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**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. The only topical anesthetic recommended in the MTUS is Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. There is no good evidence to support topical amitriptyline. 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.

**Compound cream 240 gm (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**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 muscle relaxants; these agents are not recommended. Two muscle relaxants were dispensed simultaneously, which is duplicative, unnecessary, and potentially toxic. 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. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. There are no apparent indications for a topical steroid. 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.