

<b>Case Number:</b>	CM15-0052846		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Washington

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 is a 47-year-old female who reported an injury on 10/31/2012. The mechanism of injury was not specifically stated. The current diagnoses include lumbar disc displacement with radiculopathy, lumbar spine sprain, cervical disc displacement with radiculopathy, cervical spine sprain, shoulder rotator cuff syndrome, shoulder internal derangement, shoulder sprain/strain, hip sprain/strain, and insomnia. The injured worker presented on 02/20/2015 for a follow up evaluation with complaints of 8/10 pain without medication and 7/10 pain with medication. The injured worker reported low back pain associated with radiating pain, numbness and tingling in the bilateral lower extremities. In addition, the injured worker reported neck pain, right shoulder pain, and bilateral hip pain. A loss of sleep secondary to pain was also reported. Upon examination there was a positive Spurling's maneuver, positive cervical distraction test bilaterally, tenderness and myospasm over the bilateral paracervical muscles and bilateral trapezius muscles, decreased cervical range of motion in all planes secondary to pain, tenderness and myospasm over the bilateral paralumbar muscles, sciatic notch tenderness bilaterally, positive straight leg raise bilaterally at 35 degrees, positive Bragard's test, decreased lumbar range of motion in all planes secondary to pain, tenderness over the right AC joint, right subacromial tenderness, right greater tubercle tenderness, myospasm over the right rotator cuff muscle, positive impingement and supraspinatus test, decreased range of motion of the right shoulder in all planes secondary to pain, decreased range of motion in the bilateral hips, and normal range of motion of the bilateral knees, ankles and feet. Sensory examination revealed decreased sensation in the L4 through S1

dermatomes with 4/5 bilateral lower extremity weakness. Recommendations at that time included continuation of Anaprox 550 mg, cyclobenzaprine 7.5 mg and omeprazole 20 mg. The injured worker was also utilizing 2 compounded creams. A request was also made for an epidural steroid injection at L5-S1. There was no Request For Authorization form submitted for this review.

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

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

**Prospective request for one (1) urine drug screen between 2/20/2015 and 2/20/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

**Prospective request for one (1) prescription of Tramadol 37.5/325mg #90 between 2/20/2015 and 2/20/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no documentation of any failure of nonopioid analgesics. In addition, the injured worker current medication regimen includes Anaprox, cyclobenzaprine and omeprazole. There is no indication that this injured worker is currently utilizing the above medication. There was also no frequency listed in the request. As such, the request is not medically appropriate.

**Prospective request for one (1) prescription of Omeprazole 20mg between 2/20/2015 and 2/20/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDsm GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case there was no documentation of cardiovascular disease or increased risk of gastrointestinal events. Therefore, the medical necessity has not been established. In addition, there was no frequency listed in the request. Therefore, the request is not medically appropriate.

**One (1) prescription of topical compound Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% cream #180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended for topical use. Muscle relaxants are also not recommended for topical use. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

**One (1) prescription of topical compound Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% cream #180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Capsaicin 0.025% is recommended for treatment of osteoarthritis. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Gabapentin is not recommended for topical use. In addition, there is no frequency listed in the request. Given the above, the request is not medically appropriate.