

<b>Case Number:</b>	CM15-0053716		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/04/2006
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/03/2015
<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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on 5/4/2006. The mechanism of injury is not indicated. The injured worker was diagnosed as having left knee internal injury status post left knee total knee replacement with persistent pain, failed back syndrome, left ankle pain, left lower extremity pain, right knee pain. Treatment to date has included medications, electrodiagnostic studies, magnetic resonance imaging, right total knee replacement, left total knee replacement, and computed tomography scan. The request is for Anaprox, Prilosec, Norco, Trazodone, Robaxin, Glucosamine sulfate, Flurlido-A, a urine drug test every 3-4 months, and Ultraflex G. She was seen on 2/11/2015, for continued low back, and bilateral knee pain. She reported having approximately 25% improvement in pain following the left total knee replacement. Her right knee pain was attributed to over-compensation for the left knee pain. The treatment plan included: the requests for Anaprox, Prilosec, Norco, Trazodone, Robaxin, Glucosamine sulfate, Flurlido-A, a urine drug test every 3-4 months, and Ultraflex G.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60 with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The California MTUS recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. However, ongoing review and documentation should occur routinely when an injured worker is taking medications. In addition, the California MTUS Guidelines indicate that this medication should be used for the shortest period of time. Given the above, the request for 5 refills with this medication is not supported. As such, this request is not medically necessary.

**Prilosec 20mg #60 with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** The California MTUS Guidelines indicate that a provider should determine if a patient is at risk for gastrointestinal events. The clinical records indicate that this medication alleviated some of the stomach discomfort that was reported due to the use of NSAID medications. However, ongoing review and documentation should occur routinely with the use of medications; therefore, 5 refills of this medication is not supported. As such, this request is not medically necessary.

**Norco 10/325mg #120 with five refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The California MTUS Guidelines indicate that ongoing review and documentation with opioid medications includes documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical documentation submitted for review shows no indication of quantifiable pain relief with the use of this medication and there was no indication of significant quantifiable functional benefits or a return to work. In addition, ongoing review and documentation should occur routinely with the use of medications; therefore, 5 refills with this medication is not supported. Given all of the above, this request is not medically necessary.

**Trazodone 100mg #30 with five refills:** 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), Pain Chapter, Insomnia treatment.

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

**Decision rationale:** The Official Disability Guidelines indicate that sedating antidepressants have been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be used as an option in patients with coexisting depression. The clinical documentation submitted for review does indicate that the injured worker is suffering from insomnia and depression; however, there was no documentation regarding significant objective improvements with the injured worker's depression or insomnia with the use of this medication. In addition, 5 refills of this medication is not supported, given that ongoing review and documentation should occur routinely with the use of medications. As such, this request is not medically necessary.

**Robaxin 750mg #60 three month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines indicate that nonsedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Additionally, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Given that this medication is only recommended for short-term treatment and this medication should only be used for flare-ups, a 3 month supply of this medication is not supported. As such, this request is not medically necessary.

**Glucosamine sulfate #90 with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The California MTUS Guidelines indicate that glucosamine is recommended as an option given its low risk in patients with moderate arthritis pain, especially

for knee osteoarthritis. Studies have demonstrated a highly significant efficacy of crystalline glucosamine sulfates on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. The clinical documentation submitted for review indicates that the injured worker is status post left knee total knee replacement with persistent pain and continues to suffer from left knee pain, left knee swelling, and right knee pain due to overcompensation. However, there was no indication as to objective functional improvements with the use of this medication. In addition, 5 refills is not supported given that ongoing review and documentation should occur routinely. Given the above, this request is non-certified.

**Flurlido-A apply twice a day-three times a day: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are largely experimental and are typically used for the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. This topical agent contains flurbiprofen, lidocaine, and amitriptyline. In regard to flurbiprofen, the guidelines indicate that topical NSAIDs are only indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable for topical treatment. Short-term use is recommended. The clinical documentation submitted for review shows no indication that the injured worker cannot tolerate oral NSAIDs. There was also no indication as to the trial and failure of antidepressants and anticonvulsants and the injured worker is being prescribed gabapentin. Additionally, the guidelines indicate that Lidoderm is the only commercially approved topical formulation of lidocaine. There was also no indication as to the topical form of amitriptyline being efficacious. Given all of the above, this request is non-certified.

**Urine drug test every 3-4 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, opioids, screening for risk of addiction (tests), opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug testing (UDT).

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

**Decision rationale:** The California MTUS Guidelines note that drug testing is recommended as an option to assess for the use or the presence of illegal drugs and monitor medication compliance. According to ODG, frequency of urine drug testing should be based on documented evidence of risk stratification, including use of a testing instrument. The clinical documentation

submitted for review indicates that a compliant urine drug screen was reported on 12/19/2014. There was no rationale submitted as to why the injured worker needs to undergo such frequent screening. Given the above, this request is not medically necessary.

**Ultraflex G apply twice a day-three times a day:** Upheld

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

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

**Decision rationale:** This topical analgesic contains gabapentin, cyclobenzaprine, and tramadol. The California MTUS Guidelines indicate that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The use of gabapentin and other muscle relaxants like cyclobenzaprine is not recommended by the California MTUS. In addition, there is no indication that the topical form of tramadol has been efficacious. The clinical records also indicate that the injured worker has been prescribed this medication in the past without objectively identifying any functional improvement obtained from its use. Given all of the above, this request is non-certified.