

<b>Case Number:</b>	CM14-0118318		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 44-year-old gentleman was reportedly injured on December 20, 2012. The mechanism of injury is noted as striking his right elbow while performing usual and customary job duties. The most recent progress note, dated July 10, 2014, indicates that there are ongoing complaints of right elbow pain radiating to the right hand. The physical examination demonstrated there was decreased pain. Full range of motion of the right elbow and tenderness at the medial and posterior aspect is noted. Diagnostic imaging included MRI of the right elbow revealed medial epicondylitis manifest as common flexor tendon origin intermediate signal and thickening with fraying appear worsened since the comparison MRI, chronicity of interval worsening uncertain upon imaging finding, adjacent mild edematous appearance of the ulnar nerve suggesting neuritis and or cubital tunnel syndrome again acuity uncertain based on imaging findings. MRI of the right elbow dated June 24, 2014 revealed cortical your regular days of the medial epicondyles of the humerus and olecranon which may reflect degenerative osteophytes. Nerve conduction study dated 6/28/14 revealed cervical radiculopathy versus peripheral neuropathy revealing bilateral median sensory latencies at the wrists were prolonged, left ulnar SEP was prolonged as compared to the right, and the rest of the study was within normal limits. Electromyography dated 6/28/14 revealed that the cervical spine and upper extremities without evidence of radiculopathy. Previous treatment includes right elbow surgery. A request was made for Protonix, Norco, Norflex, a toxicology screen, a topical compound of Flurbiprofen/ tramadol, and a topical compound of gabapentin/ dextromethorphan/ amitriptyline and was not certified in the pre-authorization process on June 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60 (DOS 5/23/2014): 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-TWC) Pain Procedure Summary last updated 04/10/2014, Mosby's Drug Consult

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

**Decision rationale:** Omeprazole and Lansoprazole are first line treatments for cases in which proton pump inhibitors (PPI's) are indicated. Protonix is recommended as second line therapy and should not be used unless there is documented failure of treatment with first line treatment. The medical records provided give absolutely no indication of any gastrointestinal (GI) disturbances; therefore Protonix is not medically necessary based on the medical records provided.

**Norco 10/325mg #60 (DOS 5/23/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** According to the MTUS insufficient evidence exists for opioid use for subacute and chronic musculoskeletal pain. Recommendations go on further to state that "The use of an opioid treatment agreement (opioid contract, doctor/patient agreement, or informed consent) is recommended to document patient understanding, acknowledgement of potential adverse effects, and agreement with the expectations of opioid use" No documentation of the above recommendations exist in the medical records therefore the request for Norco is not medically necessary.

**Norflex 100mg #60 (DOS 5/23/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain procedure Summary last updated 05/15/2014

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

**Decision rationale:** The Official Disability Guidelines suggest "skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions" The only pain described

in the medical records is post elbow pain that is present 3.5 months after elbow surgery. Given the documentation in the medical records, Norflex is not medically necessary.

**Toxicology Screen/Urinalysis (DOS 5/23/2014): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain procedure Summary last updated 05/15/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing

**Decision rationale:** Urine drug screen is indicated prior to opioid therapy. According to ODG: At the onset of treatment: urine drug testing is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). This physician has previously requested Norco and a urine drug test is appropriate prior to prescribing an opioid. It is unclear if the urine drug test was ever performed. UDT along with a documented patient contract are the first steps to opioid therapy in addition to documentation showing failure of less aggressive therapies.

**Flurbiprofen 20%, Tramadol 20% in Mediderm Base #30g (DOS 5/23/2014): Upheld**

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

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

**Decision rationale:** Diclofenac is the only NSAID approved for topical analgesia according to ODG. Any compound used in compounded analgesics that is not recommended renders the entire compound as not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. At this time, the only available FDA-approved topical NSAID is Diclofenac.

**Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm Base #30g (DOS 5/23/2014): Upheld**

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

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

**Decision rationale:** According to Official Disability Guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin: Not recommended. There is no peer-reviewed literature to support its use.

**Flurbiprofen 20%, Tramadol 20% in Mediderm Base #240g (DOS 5/23/2014): Upheld**

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

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

**Decision rationale:** According to Official Disability Guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin: Not recommended. There is no peer-reviewed literature to support its use.

**Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm Base #240g (DOS 5/23/2014): Upheld**

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

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

**Decision rationale:** According to Official Disability Guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin: Not recommended. There is no peer-reviewed literature to support its use.