

<b>Case Number:</b>	CM14-0134336		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, mid back pain, neck pain, and shoulder pain reportedly associated with an industrial injury of May 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; dietary supplements; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 25, 2014, the claims administrator approved a request for Lyrica, Norco, and glucosamine while denying cyclobenzaprine, Zofran, a flurbiprofen containing topical compound, a gabapentin containing topical compound, Somnicin, Terocin, Methoderm, Xolido cream, Theramine, Sentra, and GABAdone. The applicant's attorney subsequently appealed. In a July 22, 2014 progress note, the applicant presented with persistent complaints of neck pain, shoulder pain, and low back pain, highly variable, ranging from 5-9/10. Limited range of motion was noted. The applicant was tearful during the evaluation. A variety of dietary supplements, topical compounds, and other medications were endorsed, including Flexeril, Lyrica, Ativan, Norco, Prilosec, Terocin, Xolido, Methoderm, Sentra, Theramine, and GABAdone. The applicant's work status was not furnished, although it did not appear that the applicant was working. In an earlier note dated June 11, 2014, the applicant again presented with multifocal neck, mid back, and low back pain. 8-9/10 pain was noted. The applicant was, again, tearful during the evaluation, it was noted. Multiple medications and dietary supplements were renewed. The applicant's work status, once again, was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient urine drug screen: 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), Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Drug Testing topic. ODG Chronic Pain Chapter, Urine Drug Testing topic. Page(s): 43.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, attach the applicant's complete medication list to the request for authorization for testing, state when an applicant was last tested, and attempt to conform to the best practices of the United States of Department of Transportation (DOT) when performing drug testing. In this case, however, the applicant's complete medication list was not attached to the request for authorization for testing. The attending provider did not state what drug test and/or drug panels he intended to test for. It was not stated when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**Zofran 4mg #30: 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 Treatment Guidelines, pages 7-8.2. Food and Drug Administration (FDA), Ondansetron Medication.

**Decision rationale:** While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, be furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron or Zofran is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant underwent any recent cancer chemotherapy, radiation therapy, and/or surgery. Ongoing usage of Zofran does not appear to be indicated in the chronic pain context present here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support provision of ondansetron for what appears to be a non-FDA labeled purpose. Therefore, the request is not medically necessary.

**Flurbi(NAP) Cream-LA 180gms:** 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 topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify provision of largely experimental topical agents such as the flurbiprofen containing topical compound at issue. Therefore, the request is not medically necessary.

**Gabacyclotram 180grms:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Somnicin #30 capsules:** 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 hird Edition, Chronic Pain Chapter, Alternative Treatments section. Page(s): 111-113.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, dietary supplements such as Somnicin are "not recommended in the chronic pain context present here as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the management of the same. As with many of the other dietary supplements, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Terocin 240ml:** 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 Chronic Pain Medical Treatment Guidelines, topical analgesics, Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are considered "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the largely experimental Terocin lotion at issue. Therefore, the request is not medically necessary.

**Terocin Patches #20:** 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 , Topical Analgesics topic.2. MTUS 9792.20f. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are considered largely experimental. In this case, the applicant has already received and been using the Terocin patches at issue, despite the unfavorable MTUS position on the same. The applicant has failed to demonstrate any lasting benefit or functional improvement despite ongoing usage of Terocin, however. The applicant is seemingly off of work. The applicant remains highly dependent on a variety of dietary supplements and topical compounds. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 972.20f, despite ongoing usage of Terocin. Therefore, the request is not medically necessary.

**Menthoderm Gel #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic.2. MTUS Chronic Pain Medical Treatment Guidelines, v3. MTUS 9792.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of topical salicylates such as Menthoderin in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no explicit demonstration of medication efficacy to date, despite ongoing usage of Menthoderin. The applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on a host of topical compounds and dietary supplements, as well as opioid agents such as Norco and adjuvant medications such as Lyrica. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Menthoderin. Therefore, the request is not medically necessary.

**Xolindo 2% Cream:** 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 topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are considered "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of largely experimental topical agents such as the Xolindo compound at issue. Therefore, the request is not medically necessary.

**Theramine #90:** 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 Chronic Pain Chapter, Alternative Treatments section..

**Decision rationale:** While the MTUS does not address the topic, the Third Edition ACOEM Guidelines do note that dietary supplements such as Theramine are "not recommended" in the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits or favorable outcomes in the treatment of the same. As with the many other dietary supplements, the attending provider failed to furnish any compelling applicant-specific rationale or medical

evidence which would counter the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Sentra AM #60:** 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Chapter, Alternative Treatments section..

**Decision rationale:** The MTUS does not address the topic of dietary supplements. However, as noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements such as Sentra AM are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would counter the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Sentra PM #60:** 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, Sentra PM(tm)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Alternative Treatments section..

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, dietary supplements such as Sentra PM are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. As with the other dietary supplements, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would counter the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**Gabadone #60:** 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, GABAdone(tm)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter, Alternative Treatments section..

**Decision rationale:** The MTUS does not address the topic of dietary supplements such as GABAdone. However, as noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, dietary supplements such as GABAdone are "not recommended" in the treatment of chronic pain as they have not been shown to produce any meaningful benefits in the treatment of the same. As with the other dietary supplements, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would counter the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.