

<b>Case Number:</b>	CM14-0136234		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Orthopedic Surgery and is licensed to practice in Indiana. 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 injured worker is a 41-year-old female with a date of injury of 11/20/12 who complains of bilateral wrist and hand pain with associated numbness and tingling. Another date of injury reported is 7/14/03. A mechanism of injury for both injuries is not reported. On physical examination on 3/19/14, the worker had tenderness of the left 1st carpometacarpal joint with a slight flexion contracture, edema, and tenosynovitis with possible dislocation by clinical exam. The right wrist was tender to palpation with crepitus with movement and reduced grip strength. The worker also had tender paravertebral muscles of the lumbar spine with spasm, restricted ROM, with a normal motor, sensory and reflex examination of the lower extremities and a positive straight leg-raising test on the right and has a diagnosis of lumbar radiculopathy. On a 6/18/14 office visit, the worker complained of bilateral hand pain 8/10 with visible swelling and restricted ROM. The worker had an EMG/NCV of both upper extremities that showed no deficits and an MRI of the left hand showed no abnormalities. On 7/25/14, the worker underwent an ultrasound-guided steroid injection of the right elbow for tendinitis. The treating physician is requesting approval for the following medications that the injured worker has been taking: Omeprazole Dr 20 mg #30; Medrox Pain Relief Ointment applied to affected area bid; Tramadol HCl 50 mg #60; Norco 10/325 mg #60; Naproxen Sodium 550 mg #30; Cyclobenzaprine HCl Tablets, Usp 10 mg #40; and Zolpidem Tartrate Tablets 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 mg capsule QTY: 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** According to the CAMTUS Chronic Pain Medical Treatment Guidelines, for patients on NSAIDs, the treating physician should determine if the worker treated is at risk of GI symptoms: Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Since this worker does not have any medical documentation of risk factors gastrointestinal events with NSAID use, the requested treatment with Omeprazole is not medically necessary.

**Medrox Ointment:** Overturned

**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 Salicylates, Topical Agents Page(s): 105, 111-113.

**Decision rationale:** According to the CAMTUS Chronic Pain Medical Treatment Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with Capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Topical Salicylates, such as Methyl Salicylate, are recommended. Topical Salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. Medrox Ointment is a topical analgesic ointment used for treatment of chronic pain and consists of Capsaicin and Methyl Salicylate, both of which are recommended in the CAMTUS guidelines for treatment of chronic pain unresponsive to other conservative treatment measures. For this reason, the Medrox Ointment as requested is medically necessary.

**Tramadol HCl 50 mg QTY: 60:** Overturned

**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 Opioids Page(s): 75, 113.

**Decision rationale:** Tramadol (Ultram) is a centrally acting analgesic. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. This worker does have a diagnosis of lumbar radiculopathy and there is no indication that the medication has been beneficial in treating this pain. Therefore, weaning the medication at this time is indicated and the request for Tramadol HCl 50 mg #60 is medically necessary.

**Hydrocodone (Norco) APAP 10/325 mg tablet QTY: 60: Overturned**

**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 Opioids Page(s): 75, 91.

**Decision rationale:** Norco is considered a short-acting opioid. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are indicated for moderate to moderately severe pain. This worker has been on chronic Norco and since there has not been demonstrable improvement in pain control and function on the medication, weaning is recommended. For this reason, the requested Norco 10/325 mg #60 is medically necessary in this worker for weaning purposes.

**Naproxen Sodium 550 mg Qty: 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 NSAIDs Page(s): 67-68.

**Decision rationale:** According the CAMTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. They are also useful in the treatment of neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Finally, besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage.

(Maroon, 2006).The guidelines do not recommend long-term use of NSAIDs. For this reason, the requested Naproxen Sodium 550 mg #30 is not medically necessary.

**Cyclobenzaprine HCL tablet 10 mg QTY: 60: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to the CAMTUS Chronic Pain Medical Treatment Guidelines, Flexeril is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. The requested Cyclobenzaprine HCl 10 mg #60 is not medically necessary.

**Zolpidem Tartrate tablet 10 mg Qty: 30: Overturned**

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

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

**Decision rationale:** The CAMTUS guidelines are silent regarding the use of Zolpidem (Ambien) in treatment of chronic Pain. According to the ODG guidelines, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. This worker does not have any documentation of insomnia. However, since the worker has been on Zolpidem long-term, weaning is recommended since it can lower the seizure threshold. Therefore, the requested Zolpidem Tartrate tablet 10 mg #30 is medically necessary.