

<b>Case Number:</b>	CM14-0136677		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/08/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 55-year-old gentleman was reportedly injured on September 12, 2011. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of neck pain, back pain, ankle pain, left hip pain, headaches, and difficulty sleeping. The physical examination demonstrated ambulation with the assistance of a cane. The injured employee was stated to be aggressive and uncooperative. A full physical examination could not be completed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for Aspirin, Diovan, topical Gabapentin/Amitriptyline/Dextromethorphan, and Flurbiprofen/Tramadol and was not certified in the pre-authorization process on August 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASA #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682878.html>

**Decision rationale:** Aspirin can be used to prevent heart attacks in people who have had a heart attack in the past or who have angina. The injured employee has complaints of shortness of breath and chest pain. He is currently pending a cardiology evaluation. Considering this, the request for ASA is medically necessary.

**Diovan 160/25g #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  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697015.html>

**Decision rationale:** Diovan is an angiotensin II receptor antagonist. This medication can be used alone or in combination with other medications to treat high blood pressure. The attached medical record states that the injured employee has been diagnosed with hypertension. As such, this request for Diovan is medically necessary.

**Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10%:** 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): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Gabapentin/Amitriptyline/Dextromethorphan is not medically necessary.

**Fluribiprofen 20%, tramadol 20%:** 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): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one

component of a product is not necessary the entire product is not medically necessary.  
Considering this, the request for Flurbiprofen/Tramadol is not medically necessary.