

<b>Case Number:</b>	CM14-0146641		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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, neck pain, wrist pain, and knee pain reportedly associated with an industrial injury of December 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a knee brace; earlier knee surgery; and opioid therapy. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for Medrox, approved a request for Imitrex, partially certified request for cyclobenzaprine, denied a request for naproxen, denied a request for omeprazole, denied a request for tramadol, and approved a request for Zofran. The applicant's attorney subsequently appealed. Several of medications at issue were sought via Request for Authorization Form dated August 11, 2014, in which retrospective authorization was sought for all of the drugs at issue, including Medrox, Imitrex, Flexeril, Naproxen, Prilosec, Tramadol, and Zofran. These drugs were reportedly dispensed on March 18, 2013. In a progress note dated March 18, 2013, the applicant reported persistent complaints of low back and bilateral knee pain. It was stated that the applicant had longstanding issues with reflux which the applicant had self-treated with antacids. It was stated that the applicant had continued working through December 3, 2012 but was not presently working. The applicant had a history of knee surgery. The applicant's primary complaints at this point were neck pain, low back pain, and bilateral knee pain. MRI imaging of lumbar spine and cervical spine were sought, along with electrodiagnostic testing of the bilateral upper and bilateral lower extremities. Naproxen, Flexeril, Imitrex, Zofran, Prilosec, Medrox, and Ultracet were endorsed. The applicant was placed off of work, on total temporary disability. It was noted that the applicant was in the process of retiring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Relief Ointment 120gm x2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, page 49..

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the Medrox pain relief ointment at issue are deemed "not recommended." In this case, the applicant's concomitant provision with numerous other first-line oral pharmaceuticals, including naproxen, Ultracet, etc., effectively obviated the need for the Medrox pain relief ointment at issue. Therefore, the request was not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; Table 3-1, page 49..

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, muscle relaxants such as Cyclobenzaprine are deemed "not recommended." ACOEM Chapter 3 page 47 further notes that usage of muscle relaxants in conjunction with NSAIDs has "no demonstrative benefit." In this case, the applicant was, in fact, concurrently provided an NSAID medication, naproxen. Concomitant usage of Cyclobenzaprine was not indicated, per ACOEM. Therefore, the request was not medically necessary.

**Naproxen Sodium 550mg #100: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, page 49..

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, NSAIDs such as Naproxen are deemed "recommended" as part of initial approaches to treatment. The request in question represented a first-time prescription for Naproxen, dispensed on March 18, 2013. Naproxen was indicated as a first-line treatment for the applicant's multifocal pain complaints. Therefore, the request was medically necessary.

**Omeprazole Delayed release 20mg #120: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Prilosec Medication Guide.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of service, March 18, 2013. ACOEM does not address the topic. As noted by the Food and Drug Administration (FDA), Prilosec (Omeprazole), a proton pump inhibitor, is indicated in the treatment of gastroesophageal reflux disease (GERD). In this case, the applicant did report symptoms of reflux on or around the date of service, March 18, 2013. The applicant was apparently self-medicating with antacids, it was stated. Introduction of Omeprazole was indicated on and around the date in question, March 18, 2013. Therefore, the request was medically necessary.

**Tramadol Hydrochloride/Acetaminophen 37.5/325/mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, page 49..

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that a "short course" of opioids is optional as part of initial approaches to treatment, in this case, however, the 120-tablet supply of Tramadol-Acetaminophen dispensed on March 18, 2013 did not represent a short course of treatment as suggested by ACOEM, nor did it contained provisions for the attending provider to re-evaluate the applicant to ensure that ongoing usage of Ultracet was, in fact, beneficial. The request, as written, thus, did not conform to ACOEM parameters. Accordingly, the request was not medically necessary.