

<b>Case Number:</b>	CM14-0147119		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/04/2014
<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:

Patient is a 63-year-old female who has submitted a claim for discogenic cervical condition with facet inflammation, discogenic lumbar condition with facet inflammation, head injury status post-concussion with headaches, depression, stress, and insomnia associated with an industrial injury date of 8/17/2012. Medical records from 2014 were reviewed. The patient complained of neck pain and back pain. She likewise experienced giving out of the left knee resulting to fall episodes, twice. She was using a walker at home. Physical examination showed tenderness along the cervical and lumbar paraspinal muscles. Gait was antalgic. She can barely stand on toes and heels. Patient was referred to neurology because of headaches. On the other hand, patient was referred to psychiatry due to foot swelling and inward toes resulting to difficulty in ambulation. Treatment to date has included right A1 pulley surgery, use of a TENS unit, back brace, hot/cold modality, lumbar epidural steroid injection, lumbar surgery, physical therapy, and medications such as Tramadol, Naproxen, Protonix (since August 2014), Nortriptyline, Gabapentin, Flexeril (since July 2014), Trazodone, LidoPro lotion, and Terocin patch (since August 2014). Utilization review from 9/4/2014 denied the request for cyclobenzaprine 7.5 mg, #60 because long-term use was not recommended; denied topical Lidopro ointment 121 gm, #1 because of limited published studies concerning its efficacy and safety; denied pantoprazole 20 mg, #60 because of no gastrointestinal complaints from NSAID use; denied topical Terocin patch, #10 because lidocaine was not recommended for topical use; denied cervical traction device because of lack of evidence of cervical radiculopathy to warrant such; denied physiatrist consultation for the neck and back because there was no evidence of a treatment plan concerning epidural steroid injection or facet injection to warrant referral to a specialist; and denied urology referral because it was not clear that headaches were industrially-related.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since July 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Cyclobenzaprine 7.5mg Tab #60 is not medically necessary.

### **Topical LidoPro Ointment 121gm #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Salicylates; Topical Analgesics Page(s): 28 - 29; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** LidoPro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for Topical LidoPro Ointment 121gm #1 is not medically necessary.

### **Prantoprazole 20mg #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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on PPI since August 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Pantoprazole 20mg #60 is not medically necessary.

#### **Topical Terocin Patch #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

**Decision rationale:** Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that the patient was initially on nortriptyline and gabapentin for neuropathic pain. Persistence of symptoms prompted adjuvant therapy with Terocin patch since August 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Topical Terocin Patch #10 is not medically necessary.

#### **Cervical Traction Device with bladder #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** According to page 173 of the ACOEM Practice Guidelines referenced by CA MTUS, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. In this case, patient complained of neck pain corroborated by tenderness of the paracervical muscles; hence, this request for a cervical traction device. However, medical records submitted and reviewed failed to provide a clear indication for this equipment. Moreover, there is no comprehensive examination of the neck to support the request. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cervical Traction Device with bladder #1 is not medically necessary.

**Physiatrist Consultation for the Neck and Back #1:** Upheld

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of neck pain and back pain. She likewise experienced giving out of the left knee resulting to fall episodes, twice. Physical examination showed tenderness along the cervical and lumbar paraspinal muscles. Gait was antalgic. She can barely stand on toes and heels. However, there was no comprehensive physical examination of the cervical and lumbar regions to support this request. There were no worsening of subjective complaints and objective findings to warrant referral to a specialist. Progress report from 07/25/2014 stated that patient was referred to physiatry due to foot swelling and inward toes resulting to difficulty in ambulation. However, there was likewise no physical examination of the foot to determine the medical necessity of a referral. There was insufficient information on the records provided. Therefore, the request for Physiatrist Consultation for the Neck and Back #1 is not medically necessary.

**Consultation with Neurologist #1:** Upheld

**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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of headaches hence, this request for neurology referral. However, there was no complete description of the headache and other associated symptoms, if present. There was likewise no neurologic examination to support the request. The medical necessity for neurology referral cannot be established due to insufficient information. Therefore, the request for consultation with neurologist was not medically necessary.