

<b>Case Number:</b>	CM14-0175528		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury due to heavy lifting on 10/24/2011. On 07/15/2014, his diagnoses included cervical herniated disc, neck pain, cervical radiculitis, myofascial syndrome, neuropathic pain, and chronic pain related insomnia. His complaints included neck pain with no associated radiation, left shoulder pain with no associated radiation and left arm pain with occasional associated radiation to his index, mid, and ring fingers, all rated 2/10 at the time of the examination, but 10/10 during the preceding week. His medications included atenolol, dose unspecified, and Norco 10/325 mg. Cervical spine surgery was recommended, but he was fearful of having the surgery performed. The rationale for the referral to the chiropractor was for spinal disc decompression. The examining physician also felt that this worker needed a second opinion for spine surgery to determine if he really was a surgical candidate. In the interim, his medical regimen was being revised to maximize his pain relief and improve his physical function. The treatment plan included a request for an initial urine drug screen, request for chiropractic evaluation for spinal disc decompression therapy, authorization for a second spine surgery consultation, to begin ibuprofen 800 mg and to continue his Norco 10/325 mg. There was no mention made of Relaxin sleep herbal formula or the compounded cream which were requested. A Request for Authorization dated 07/15/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 10/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend the ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDS, or antidepressants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDS, aspirin, or antidepressants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 #90 is not medically necessary.

**Second opinion Spine Surgery consult with MPN provider:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for a second opinion spine surgery consult with MPN provider is not medically necessary. The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. It was noted in the submitted documentation that this injured worker was reluctant to have spinal surgery. The recommendation was for spinal disc decompression therapy with a chiropractor. There was no documentation that this referral had yet taken place or any results of possible spinal disc decompression therapy. It would seem prudent to await the results of the requested therapy before authorizing a second surgery consultation. The need for a second opinion was not clearly demonstrated in the submitted documentation. Therefore, this request for a second opinion spine surgery consult with MPN provider is not medically necessary.

**Chiropractic evaluation with [REDACTED]:** 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): Axial decompression

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, and Traction (mechanical)

**Decision rationale:** The request for chiropractic evaluation with [REDACTED] is not medically necessary. The Official Disability Guidelines recommend home cervical patient controlled traction using a seated over the door device or a supine device, which may be preferred due to greater forces for patients with radicular symptoms, in conjunction with a home exercise program. Institutionally based power traction devices were not recommended. It was noted in the examination that this injured worker did not have radicular symptoms with his neck pain. This particular chiropractor was recommended because he had the institutionally based power traction devices which were not recommended by the guidelines. Additionally, the body part or parts to have been treated were not specified in the request. The clinical information submitted fails to meet the evidence based guidelines for chiropractic evaluation. Therefore, this request for chiropractic evaluation with [REDACTED] is not medically necessary.

**Relaxin Sleep Herbal Formula #15: 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; Insomnia Treatment

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

**Decision rationale:** The request for Relaxin sleep herbal formula #15 is not medically necessary. The Official Disability Guidelines do not recommend herbal compounded medications as a first line therapy for most patients, but they may be recommended as an option after a trial of first line FDA approved drugs, if the compound drug uses FDA approved ingredients that are recommended in the Official Disability Guidelines. In general, FDA approved drugs should be tried prior to prescribing a compounded drug, unless specific patient issues with any appropriate FDA approved drugs have already been identified. The guidelines do not support the use of this compounded herbal formula. Additionally, there was no frequency of administration included in the request. Therefore, this request for Relaxin sleep herbal formula #15 is not medically necessary.

**Ibuprofen 800mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The request for ibuprofen 800 mg is not medically necessary. The California MTUS Guidelines recommend NSAIDS at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis, and off label for ankylosing spondylitis. Doses greater than 400 mg have not provided greater relief of pain. The requested 800 mg exceeds the recommendations in the guidelines. This injured worker does not have any of the above noted diagnoses. Additionally, there was no quantity or frequency of administration included with the request. Therefore, this request for ibuprofen 800 mg is not medically necessary.

**Gabapentin/Flurbiprofen/Flexeril compounded ointment #240gm: Upheld**

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

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

**Decision rationale:** The request for Gabapentin/Flurbiprofen/Flexeril compounded ointment #240 g is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants have failed. Many agents are compounded in combination for pain control including NSAIDS, antiepileptic agents, and muscle relaxants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (Diclofenac), which is indicated for relief of osteoarthritis pain. Gabapentin is not recommended. There is no peer reviewed literature to support its use. There is no evidence for the use of any muscle relaxants as a topical product. The guidelines do not support the use of this compounded ointment. Additionally, the body part or parts to have been treated were not included in the request. Furthermore, there was no frequency of application. Therefore, this request for Gabapentin/Flurbiprofen/Flexeril compounded ointment #240 g is not medically necessary.