

<b>Case Number:</b>	CM14-0029020		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

Injured worker is a male with date of injury 12/31/2012. Per pain management specialist, primary treating physician's initial comprehensive evaluation and request for authorization of treatment dated 5/20/2013, the injured worker has complaints involving cervical spine, right shoulder, right wrist and hand, and stress. He complains of occasional neck pain located on posterior and sides of the neck. The pain radiates to the upper back and right upper extremity. He indicates that the character of the pain is tightness, throbbing and with pressure. He rates the pain prior to injury at 2/10, and currently 8/10. His best pain level is 5/10 and the worst pain is 8/10. He states the pain is relieved by rest, exercise and therapy. The pain is aggravated by stress, looking down and looking up. He reports occasional right shoulder pain which is located over the anterior and scapular aspect of the shoulder. The pain radiates to the neck, upper back and down the arm to the wrist and hand. There is associated stiffness, giving away, weakness and limited motion. He indicates that the pain is characterized as tightness, throbbing, and with pressure. He rates the pain currently at 5/10, with the best pain 5/10 and worst pain level 8/10. He reports that pain is relieved by rest, exercise and therapy. He reports pain is aggravated by stress, looking up and looking down. Right wrist pain is located over the posterior aspect of the wrist and hand. The pain radiates to the fingers. There is associated clicking, stiffness, weakness and limited motion. The character of the pain is sharp, tightness, numbness, throbbing and with pressure. Pain is rated prior to the injury at 2/10, and currently it is 9/10. The best the pain is rated at 4/10, and the worst pain level is 9/10. He states the pain is relieved by rest, heat and cold, exercise and therapy. He reports the pain is aggravated by lifting or carrying 10-15 pounds and keyboarding. On examination there is tenderness and spasms upon palpation of the cervical paravertebral muscles. Cervical spine range of motion is minimally reduced. Shoulder depression test is positive on the right. The right shoulder is tender to palpation along the right suprascapular

region. Range of motion of the right shoulder is minimally reduced. Supraspinatus test is positive on the right. There is right carpal tenderness. Right wrist range of motion is minimally reduced. Tinel's median test is positive on the right. Diagnoses include 1) rule out cervical radiculitis 2) rule out right shoulder internal derangement 3) rule out right wrist internal derangement 4) stress.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OMEPRAZOLE 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for omeprazole 20 mg #60 is determined to not be medically necessary.

**MEDROX PATCH #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals section, Topical Analgesics section Page(s): 104, 111-113.

**Decision rationale:** Medrox patch contains the active ingredients Methyl Salicylate 5%, Menthol 5% And Capsaicin 0.0375%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines do recommend the use of topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical Capsaicin at the concentration of 0.0375% not recommended, so the entire compounded agent is not recommended. Therefore, request for Medrox patch #60 is determined to not be medically necessary and appropriate.

**COMPOUNDED TOPICAL MEDICATION 240MG TRAMADOL 8%-GABAPENTINE 10%- MENTHOL 2%-CAMPHOR 2% AND CAPSACIAN 0.5%:** 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 Topical section, Opioids for Neuropathic Pain section and Opioids, specific drug list section, Topical Analgesics section Page(s): 28, 29, 82, 83, 93, 94, 111-113.

**Decision rationale:** The MTUS Guidelines state that Tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines and the Official Disability Guidelines (ODG) do not address the use of Tramadol as a topical analgesic. The MTUS Guidelines state that there is no evidence to support the use of topical Gabapentin. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines. The guidelines do recommend the use of topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, topical Tramadol, topical Gabapentin and topical Capsaicin are not recommended, so the entire compounded agent is not recommended. The request for compounded topical medication Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% And Capsaicin 0.5% is determined to not be medically necessary.

**COMPOUNDED TOPICAL MEDICATIONS 240 MG, FLURBIPROFEN 15%-  
CYCLOBENZAPRINE 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 NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Flurbiprofen is supported for mild to moderate pain. The MTUS Guidelines do not recommend the use of muscle relaxants such as cyclobenzaprine as a topical product. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic topical Cyclobenzaprine is not recommended, so the entire compounded agent is not recommended. Therefore, request for compounded topical medication Flurbiprofen 15%, Cyclobenzaprine 10% 240 mg is determined to not be medically necessary.

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is supported by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. This patient was not reported as taking any opioid pain medications was not being prescribed opioid pain medications, and there was no discussion of the anticipation of utilizing opioid pain medications. The injured worker was being prescribed topical medications without discussion of concerns of aberrant drug behavior. Therefore, the request for urine drug screening is determined to not be medically necessary.

**1 TIME BIOSCIENCES NARCOTIC RISK LABORATORY TEST:** 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), GENETIC TESTING FOR POTENTIAL OPIOID ABUSE.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG): Pain chapter, Genetic Testing for Potential Opioid Abuse.

**Decision rationale:** The MTUS Guidelines do not address the use of genetic testing to determine risk for opioid abuse. Per the ODG, genetic testing for potential opioid abuse is not recommended. Although there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. There is also no quality evidence to show the benefits of genetic testing prior to opioid therapy. Therefore, the request for 1 time Biosciences Narcotic Risk laboratory test is determined to not be medically necessary.