

<b>Case Number:</b>	CM14-0094581		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/26/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2014

### 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, has a subspecialty in Pain Medicine 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 36-year-old male who reported injury on 03/26/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar sprain/strain, thoracic sprain/strain, epicondylitis of the right medial, bilateral knee pain, contusion of the chest and status postsurgical. Past medical treatment consists of physical therapy, surgery, home exercise program, the use of a TENS unit, injections, acupuncture and medication therapy. Medications include Norco, tramadol, omeprazole, Mentherm, and cyclobenzaprine. The injured worker has undergone surgery in 2009, 2011, and 2012. On 07/23/2014, the injured worker complained of heel and mid back pain. It was noted in physical examination that the injured worker had a pain rate of 9/10 which was constant, sharp, worse with extreme weather changes. There were no indications in the submitted report indicating that the injured worker had been tested on motor strength, sensory deficits or range of motion. The provider feels the medications are necessary to help manage pain for the injured worker. The Request for Authorization form was submitted on 05/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro 40z:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analogies are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contain at least 1 drug that is not recommended, is not recommended. The guidelines also state that Lidoderm patch is the only topical form of lidocaine approved. Given the above guidelines, the medication would not be indicated. Additionally, the documentation did not indicate that the injured worker had not been responsive or intolerant to any other treatments. The request as submitted did not indicate a dosage, frequency or duration. Furthermore, it was not specified in the request as to where the medication would be applied. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for LidoPro 40z is not medically necessary and appropriate.

**Cyclobenzaprine 7.5mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS Guidelines recommend Flexeril (cyclobenzaprine) as an option for short-term course of therapy. The greatest effect of this medication is in the first four days of treatment, suggesting that shorter courses may be better. It appears that the injured worker has been on this medication since at least 05/2014, exceeding the recommendations for short term course of therapy. Additionally, the request as submitted is for cyclobenzaprine 7.5 mg with a quantity of 30, also exceeding recommended guidelines for short term therapy. The efficacy of the medication was not submitted for review to warrant continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, The request for Cyclobenzaprine 7.5mg #30 is not medically necessary.

**Omeprazole 20mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of proton pump inhibitors is also supported for patients taking NSAID medications who have

cardiovascular disease or significant risk factors for gastrointestinal events. It was noted that the injured worker had been taking NSAID medications since at least 05/2014. It was also noted in the documentation that the omeprazole was helping with gastrointestinal issues the injured worker was having. Given the above, the injured worker is within MTUS recommended guidelines. As such, the request for Omeprazole 20mg #60 is medically necessary.

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management there should be documentation of the 4 A's including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. Assessment should be documented showing what pain levels were before, during, and after medication administration. The submitted documentation did not submit the efficacy of the medication, and there was no evidence showing that the Norco was helping with any functional deficits. A drug urinalysis was submitted on 12/30/2013 to note the injured worker was in compliance with medication. However, there was no assessment showing what pain levels were before, during and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Norco 10/325mg #30 is not medically necessary.