

<b>Case Number:</b>	CM14-0216856		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 patient was injured on 4/14/2011. The diagnoses are degenerative disc disease of the lumbar and cervical spines, lumbar radiculopathy, cervical radiculopathy, right shoulder, right knee, neck and low back pain. There are associated diagnoses of anxiety, depression, insomnia and NSAIDs induced gastritis. The past surgery history is significant for right shoulder and right knee surgeries. The MRI of the cervical spine showed multilevel degenerative disc disease and disc herniations. The MRI of the lumbar spine showed multilevel degenerative disc disease, disc bulges with bilateral nerve impingement. The MRI of the right knee showed medial meniscus tear. On 11/25/2014, [REDACTED] noted subjective complaint of severe pain located in the right knee, right shoulder, neck and low back. The patient was noted to be in painful distress. There were decreased range of motion and diffused tenderness in the lumbar paraspinal areas. It was noted that the pain became significantly worse when the medications ran out due to non certification. A Referral was recommended to Internal Medicine and Psychiatric. The medications listed are gabapentin, Prozac, Xanax, Flexeril, Prilosec, Tramadol and topical cream Ketoprofen/Gabapentin. The UDS report from July 2014 was inconsistent with the presence of alcohol metabolite but the absence of prescribed medications. A Utilization Review determination was rendered on 12/16/2014 recommending non certification for Tramadol 150mg #60 (DOS 11/25/2014), Prilosec 20mg #60, Flexeril 7.5mg #60 (DOS 11/25/2014) and topical cream ketoprofen 30grams / gabapentin 30grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150 mg, sixty count, provided on November 25, 2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 93 - 94, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2Opioids Page(s): 74-96, 111,113,119. Decision based on Non-MTUS Citation Pain Chapter Opioids

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The records indicate that the patient presented on 11/25/2014 with very severe musculoskeletal pain. The patient was noted to have subjective and objective findings consistent with worsening of the painful condition. It was noted that the pain got significantly worsened following non certifications of the pain medications. The patient was noted to be in painful distress. Referrals were made to Internal Medicine and Psychiatrist specialists. The use of Tramadol is associated with less sedative and addictive effects than pure opioid agonists. The criteria for the use of Tramadol 150mg #60 DOS 11/15/2014 was met.

**Prilosec 20 mg, sixty count, provided on November 25, 2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Proton Pump Inhibitors Page(s): 68-71. Decision based on Non-MTUS Citation Pain Chapter Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastritis. The chronic use of NSAIDs is associated with cardiac, renal and gastrointestinal complications. The records indicate that the patient has a history of symptomatic gastritis secondary to NSAIDs utilization. An evaluation by Internal Medicine has been scheduled. The criteria for the use of Prilosec 20mg #60 DOS 11/25/2015 was met.

**Flexeril 7.5 mg, sixty count:** 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 9792.24.2Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbations of chronic musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing opioids and multiple sedative psychiatric medications. The criteria for the use of Flexeril 7.5mg #60 was not met.

**Topical cream Ketoprofen 30 grams/Gabapentin 30 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Compound Topical preparations.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard treatment with first line oral anticonvulsants and antidepressants have failed. The records did not indicate that the patient had subjective and objective findings consistent with a diagnosis of localized neuropathic pain. There is no indication that the patient failed the first line medications. The patient is utilizing oral gabapentin formulation concurrently. There is lack of guidelines support for the utilization of gabapentin in topical formulations. The chronic use of topical ketoprofen can be associated with the development of photodermatitis. The criteria for the use of ketoprofen 30gram / gabapentin 30 gram cream was not met.