

<b>Case Number:</b>	CM14-0218151		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 54 year old female with a reported industrial injury on March 10, 2014, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on October 29, 2014 for follow-up visit with primary treating physician. The presenting complaints included pain in the neck, mid/upper back, lower back and left knee. There is pain and numbness noted in the bilateral wrist/hands. The physical exam of the cervical spine revealed tenderness to palpation over the paraspinal muscles, restricted range of motion and cervical compression positive, the exam of the thoracic spine revealed tenderness to palpation over the paraspinal muscles, the lumbar spine revealed tenderness to palpation over the paraspinal muscles restricted range of motion and positive straight leg raise bilaterally. Diagnoses are cervical spine musculoligamentous strain/sprain with radiculitis rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain and lumbar spine musculoligamentous strain/sprain with radiculitis, rule out lumbar spine discogenic disease. The treatment plan is continue physical therapy of the cervical spine thoracic spine, lumbar spine, bilateral wrists and left knee, Fluriflex, TGHOT, Cyclobenzaprine and Omeprazole. On December 11, 2014 the provider requested Additional therapy 2x6 to the back, Cyclobenzaprine 7.5mg quantity not specified, Omeprazole 20mg quantity not specified, TG Hot 180g and Fluriflex 180g, on December 15, 2014 the Utilization Review non-certified the request the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional therapy 2x6 to the back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for chronic spine and left knee pain. Treatments have included physical therapy. In this case, the claimant has already had therapy treatment. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program. Therefore the requested additional therapy is not medically necessary.

**Cyclobenzaprine 7.5mg quantity not specified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, page63 Page(s): 41, 63.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for chronic spine and left knee pain. When seen by the requesting provider, physical examination findings included paraspinal muscle tenderness with decreased and painful range of motion. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, when prescribed, the presence of muscle spasm is not documented nor was there any reported new injury or acute exacerbation. The duration of planned treatment was not specified. Therefore, the request for Cyclobenzaprine is not medically necessary.

**Omeprazole 20mg quantity not specified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, pages 68-71 Page(s): 68-71.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for chronic spine and left knee pain. Medications include Motrin 600 mg #100. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal antiinflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal antiinflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Omeprazole be prescribed. The request for Omeprazole is not medically necessary.

**TG Hot 180g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for chronic spine and left knee pain. TG Hot is a combined medication including Gabapentin. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the request for TG Hot is not medically necessary.

**Fluriflex 180g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for chronic spine and left knee pain. Fluriflex is a combined medication including Flurbiprofen and Cyclobenzaprine. Flurbiprofen is a non-steroidal anti-inflammatory

medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, Fluriflex is not medically necessary.