

<b>Case Number:</b>	CM15-0012681		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	03/06/2003
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female who reported injury on 08/06/2003. The injured worker was utilizing Ultram and omeprazole and naproxen since 06/2014. There was a Request for Authorization submitted for review regarding tramadol, naproxen, Prilosec, cyclobenzaprine, and ibuprofen cream dated 01/01/2015. The documentation of 12/26/2014 revealed a request for the medications. The documentation indicated the injured worker was in for a pain medication refill. The injured worker reported no change in symptoms. The mechanism of injury was not provided. The injured worker was noted to be cleared by the rheumatologist to continue taking naproxen, tramadol, and Prilosec, which were noted to be controlling the pain and gastritis. Additionally, the physician documented that topical creams would be prescribed to decrease pain. The injured worker complained of swelling in the hands. The injured worker had bilateral shoulder, elbow, and hand pain. The diagnoses included cervical myofascial pain syndrome; bilateral shoulder sprain and strain; and bilateral elbow sprain and strain. Additional diagnoses included bilateral medial epicondylitis; wrist sprain and strain, chronic; bilateral thumb CMC joint sprain and strain; and bilateral carpal tunnel syndrome. The treatment plan included the requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Tramadol 50 mg # 60 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There was documentation of side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating the necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above and the lack of documentation, the request for 1 prescription of tramadol 50 mg #60 with 3 refills is not medically necessary.

**One prescription of Naproxen 550 mg # 60 with three refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. It is recommended there should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for 1 prescription of naproxen 550 mg #60 with 3 refills is not medically necessary.

**One prescription for Prilosec 20 mg # 30 with three refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia secondary to NSAID therapy. It was noted the medication was effective for controlling the gastritis. However, this medication was concurrently being reviewed with the NSAID, which was not supported; and as such, there would be no necessity for the PPI. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The frequency for the requested medication was not provided. Given the above, the request for Prilosec 20 mg #30 with 3 refills is not medically necessary.

**One prescription of Cyclobenzaprine cream 60 mg with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical muscle relaxants Page(s): 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines do not recommend topical muscle relaxants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of exceptional factors. There was a lack of documentation of muscle spasms upon examination. There was a lack of documentation to indicate a necessity for 3 refills. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for 1 prescription of cyclobenzaprine cream with 3 refills is not medically necessary.

**One prescription of Ibuprofen cream 60 gm with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS, Topical Analgesics Page(s): 111, 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, the guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to the placebo during the first 2 weeks of treatment for osteoarthritis. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The indications are arthritis and tendonitis. There was a lack of documented rationale indicating a necessity for a topical NSAID. Additionally, there was a lack of documentation indicating a necessity for both a topical and oral NSAID. The request as submitted failed to indicate the body part to be treated, as well as the frequency. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above and the lack of documentation, the request for 1 prescription of ibuprofen cream 60 grams with 3 refills is not medically necessary.

