

<b>Case Number:</b>	CM15-0014080		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/19/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 19, 2005. In a Utilization Review Report dated December 29, 2014, the claims administrator failed to approve a request for Fexmid, Nalfon, Paxil, tramadol, Prilosec, Morphine, and several topical compounded medications. The claims administrator referenced a December 17, 2014, RFA form and December 8, 2014 progress note in its determination. The claims administrator, based its decision(s) on causation, stating that there was no evidence of a compensable injury insofar as issues related to usage of Prilosec and Paxil were concerned. The claims administrator did not incorporate any guidelines into its rationale and seemingly stated at the bottom of the its report that its decision was based on a variety of non-MTUS Guidelines, including pharmacology textbook and various formularies. The applicant's attorney subsequently appealed. In an RFA form dated December 8, 2014, Fexmid, Nalfon, Paxil, Prilosec, tramadol, Norco, Morphine, and topical compounds were renewed. An associated progress note of December 8, 2014 was skeleton and did not contain much discussion of medication efficacy. On October 8, 2014, the applicant reported persistent complaints of mid back pain status post earlier thoracic fusion surgery. Tramadol, Nalfon, and permanent work restrictions were renewed. It does not appear that the applicant was working with previously imposed permanent limitations, although this was not explicitly stated. Little to no discussion of medication efficacy transpired on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine) 7.5mg take one by mouth twice a day #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

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

**Decision rationale:** As noted page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Fexmid (cyclobenzaprine) to other agents is not recommended. Here, the applicant is using Nalfon, Paxil, Prilosec, tramadol, Norco, Morphine, etc. Adding Fexmid (cyclobenzaprine) to the mix is not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, therefore, the request was not medically necessary.

**Nalfon ( Fenoprofen Calcium) #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Nalfon do represent the traditional first line treatment for various chronic pain conditions, including the chronic spine pain reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, progress note of October 8, 2014 and December 8, 2014 were thinly and sparsely developed. No discussion of medication efficacy was transpired. The applicant's work and functional status were not clearly reported, although the applicant did not appear to be working with previously imposed permanent limitations. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements

in pain effected as result of ongoing Nalfon (fenoprofen) usage. Therefore, the request was not medically necessary.

**Paxil (Paroxetine HCL) 20mg take one by mouth twice a day #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** As noted in the MTUS Guidelines in ACOEM Chapter 3, page 47, it is incumbent upon prescribing provider to discuss the efficacy of the medications for the condition for which it is being prescribed. Here, however, progress notes of December 8, 2014 and October 8, 2014, contained no discussion of medications efficacy. It was not clearly stated for what purpose Paxil was being employed. It was not clearly stated whether or not Paxil had proven effective in attenuating symptoms of depression (if any). Therefore, the request was not medically necessary.

**Prilosec (Omeprazole DR) 20mg take one by mouth twice a day #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was/is no clear mention or discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on either October 8, 2014 or December 8, 2014, progress note. Therefore, the request was not medically necessary.

**Ultram ER (Tramadol HCL) 150mg take once daily #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological

Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant did not appear to be working with previously imposed limitations in place as office visit of October 8, 2014 and December 8, 2014. The attending provider's documentation on those dates failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of the ongoing Ultram (tramadol) use. Therefore, the request was not medically necessary.

**Norco- Hydrocodone Bitartrate and Acetaminophen 10-325mg take one by mouth every 4 hours as needed #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, the applicant did not appear to be working with previously imposed permanent restrictions as of progress notes of October 8, 2014 and December 8, 2014, referenced above. On those dates, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

**Morphine Sulfate ER 30mg take one by mouth every 12 hours #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates

Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant did not appear to be working with permanent limitations in place as of progress notes of October 8, 2014 and December 8, 2014, referenced above. On those dates, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Morphine usage (if any). Therefore, the request was not medically necessary.

**Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.0375% topical cream 30 gm and 120 gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed, www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as flurbiprofen are indicated in the treatment of small joint arthritis and tendonitis in the knee, elbow, and/or other regions which are amenable to topical treatment. Here, however, the applicant's primary pain generator is the spine, a widespread area which is not seemingly amenable to topical application. Therefore, the request was not medically necessary.