

<b>Case Number:</b>	CM15-0118475		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 56 year old male, who sustained an industrial injury on June 10, 2013. The mechanism of injury was not provided. The injured worker has been treated for neck, low back and right elbow complaints. The diagnoses have included multilevel cervical disc herniation, lumbar disc herniation, hearing loss and right elbow epicondylitis. Treatment to date has included medications, radiological studies, MRI, physical therapy, chiropractic treatments, a lumbar radiofrequency facet neurotomy and a cervical fusion. The injured workers work status was temporarily totally disabled. Current documentation dated June 1, 2015 notes that the injured worker reported constant neck, low back and bilateral shoulder pain which was unchanged. The injured worker also noted constant and worsening right elbow pain. The neck pain was rated a 3-4/10, low back pain a 6/10, bilateral shoulder pain a 6/10 and right elbow pain a 9/10 on the visual analogue scale. The injured workers pain was noted to decrease with the use of medications. Examination of the lumbar spine revealed tenderness to the paraspinals equally, spasms and a decreased range of motion. Objective findings related to the shoulder and right elbow were not provided. Documentation dated April 29, 2015 notes that examination of the right elbow revealed tenderness of the proximal common extensor tendon with limited flexion and extension due to pain. He also had pain with resisted wrist extension. The treating physician's plan of care included a request for an MRI of the right elbow, massage therapy #8, Flurbiprofen/Cyclobenzaprine/Menthol (20%, 10%, 4%) 180 gm, Voltaren gel (Diclofenac sodium gel 100 grams) no refill, Xanax (Alprazolam 1 mg) #60 and Soma (Carisoprodol 350 mg) #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) ACOEM Guidelines, Chapter 10, Elbow Disorders (2007) states that for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Criteria for ordering imaging studies include; the imaging study results will substantially change the treatment plan, emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed. In this case, the injured workers right elbow pain was noted to be worsening. However, there is a lack of documentation of a trial of conservative care. Therefore, the request for an MRI of the right elbow is not medically necessary.

**Massage therapy 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that massage therapy should be adjunct to other recommended treatments, such as exercise and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the documentation does not note that the injured worker is in an exercise program or a function restoration program. Therefore, the request for massage therapy is not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Menthol (20%/10%/ 4%) 180 gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, topical analgesics.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on topical analgesics states that that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. MTUS also states that any compounded product with at least one drug which is not recommended is not recommended. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. MTUS guidelines recommend topical non-steroidal anti-inflammatory drugs for osteoarthritis and tendonitis of the knee, elbow and other joints amendable to topical non-steroidal anti-inflammatory drugs. It is recommended for short-term use of 4 to 12 weeks. Flurbiprofen is a nonsteroidal anti-inflammatory drug (NSAID). Note that topical flurbiprofen and cyclobenzaprine are not FDA approved for topical use and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The MTUS does not discuss Menthol therefore; the Official Disability Guidelines were referenced. The Official Disability Guidelines state that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. Per the MTUS guidelines any compounded product with at least one drug which is not recommended is not recommended. Therefore, the request for Flurbiprofen/Cyclobenzaprine/Menthol (20%/ 10%/ 4%) 180 gm is not medically necessary.

**Voltaren gel (Diclofenac sodium gel 100 grams) no refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 11-112.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on topical analgesics states that that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. The Official Disability Guidelines state that Voltaren gel is not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the

increased risk profile with diclofenac, including topical formulations. There is lack of clinical evidence in this case that the injured worker failed a trial of anti-depressant medications and anticonvulsant therapy. Additionally, there is no notation of where the Voltaren was to be used and therefore it cannot be confirmed that the use of Voltaren was to be for small joints. Therefore, the request for Voltaren gel 100 gms is not medically necessary.

**Xanax (Alprazolam 1 mg) #60 1 tab every 8 hours: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommended benzodiazepines for long-term use as efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anti-convulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the injured worker was noted to have lumbar spine muscle spasms. The documentation supports that the injured worker has been receiving Xanax for a prolonged period of time and is using the medication for sleep and anxiety. Therefore, the request for Xanax 1 mg #60 is not medically necessary.

**Soma (Carisoprodol 350 mg) #90 1 tab every 8 hours as needed with no refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines states that Soma (carisoprodol) is a sedating centrally acting skeletal muscle relaxant that is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documentation supports the injured worker had been on Soma for a prolonged period of time. The documentation does not note exacerbations of pain. The documentation notes the medication does decrease the injured worker level of pain. However, per the MTUS guidelines, Soma is not recommended for chronic pain and has habituating and abuse potential. Therefore, the request for Soma 350 mg #90 is not medically necessary.

