

<b>Case Number:</b>	CM15-0126687		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/18/2012
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: 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 37-year-old male who sustained an industrial injury on 08-18-2012. Current diagnoses include herniated nucleus pulposus at L4-S1 with radiculopathy, right ankle sprain-strain, resolved with some muscle weakness, right possible foot fracture-healed, anxiety and depression, insomnia, and morbid obesity. Previous treatments included medications and x-force with solar care. Report dated 05-19-2015 noted that the injured worker presented with complaints that included moderate back pain that radiates down to the left knee level, and mild right ankle pain. The injured worker stated that he felt worse than his last visit on 02-10-2015. Currently the injured worker is not working; he stated that no one would hire him due to his work restrictions. Current medications include Prilosec, Tramadol, Flexeril, and Naprosyn. Pain level was not included. Physical examination was positive for decreased range of motion in the upper and lower back, and positive straight leg raises bilaterally. The treatment plan included renewing medications, which included topical creams (ketoprofen, Gabapentin, and Tramadol), naprosyn, Flexeril, Tramadol, and Prilosec, continue using x-force with solarcare, urine toxicology test, and court date scheduled for 08-2015, continue permanent & stationary status with restrictions, and return on an as needed basis. Medical records submitted support that the injured worker has been prescribed Tramadol, Flexeril, Prilosec, Naprosyn, and topical cream (Gabapentin, Ketoprofen, Tramadol) since before 02-10-2015 and had not been seen for one year prior to this date. Disputed treatments include retro urinalysis toxicology (DOS: 5-19-15), continue x-force with solar care for home use, topical cream (Gabapentin, Ketoprofen,

Tramadol), Flexeril 7.5mg #60, Naproxen 550mg #60, Tramadol 150mg #60, and Prilosec 20mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Urinalysis Tox, DOS: 5/19/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, On-going management of opioids, differentiation, dependence & addiction, Opioids screening for risk of addiction (tests) & opioids, steps to avoid misuse/addiction Page(s): 43, 78, 85-86, 90-91, 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

**Decision rationale:** This request for urine drug test is evaluated in light of CA MTUS and the Official Disability Guidelines (ODG) for Urine Drug Testing (UDT). The California MTUS recommends drug testing as an option, "using a urine drug screen to assess for the use or the presence of illegal drugs." ODG state: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records does not provide information on recent UDT. The treating provider does not provide any documentation about the need for repeat Urine Toxicology. Guidelines are not met; therefore, the request is not medically necessary.

**Continue x-force with solar care for home use: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 115-116.

**Decision rationale:** As Per CA MTUS guidelines TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. A treatment plan that includes the specific short and long-term goals of treatment with

TENS unit cannot be located in the submitted Medical Records. MTUS Guidelines do support rental of this unit at the most for one month, there is evidence that this injured worker has received treatment with transcutaneous electrical nerve stimulation (TENS) unit before, however the records do not clearly indicate functional improvement. The requested treatment: x-force with solar care (TENS unit with a heating element) is not medically necessary and appropriate.

**Topical cream: Gabapentin/Ketoprofen/Tramadol: 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 rationale:** According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Ketoprofen, a non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photo contact dermatitis. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. MTUS states that Gabapentin is not recommended topically. There is no peer-reviewed literature to support use. Therefore, the request for topical cream (Gabapentin, ketoprofen, Tramadol) is not medically necessary.

**Flexeril 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) prior to 02-10-2015, there is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. In addition, the physical examination performed on 05-19-2015 did not include findings of muscle spasms. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.

**Naproxen 550mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-71.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. The medical records submitted support that the injured worker has been prescribed Naprosyn (Naproxen) prior to 02-10-2015. The injured worker's complaints are chronic in nature and not an acute exacerbation. Furthermore, there is no documentation to support failure with prior use of acetaminophen. Therefore, the request for Naproxen 550 mg #60 is not medically necessary.

**Tramadol 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids sections Page(s): 1, 74-96.

**Decision rationale:** According to the California MTUS chronic pain, medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The injured worker has been prescribed Tramadol since prior to 02-10-2015 and continues not to work. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status or in the activities of daily living with the use of Tramadol. Therefore, the request for Tramadol 150mg #60 is not medically necessary.

**Prilosec 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The documentation provided did not indicate that the injured worker had gastrointestinal complaints, nor did it indicate that the injured worker had any other risk factors. Therefore, the request for Prilosec 20mg #90 is not medically necessary.