

<b>Case Number:</b>	CM15-0172301		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/12/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 61 year old female who sustained an industrial injury on 06-12-2015. Current diagnoses include headaches, cervical spine sprain-strain rule out herniated nucleus pulposus, lumbar spine sprain-strain rule out herniated nucleus pulposus, bilateral shoulder sprain-strain, rule out internal derangement, bilateral wrist-hand sprain-strain, rule out carpal tunnel syndrome, bilateral wrist de Quervain's, left hip sprain-strain, rule out internal derangement, insomnia, and depression. Report dated 06-26-2015 noted that the injured worker presented with complaints that included intermittent headaches, neck pain with radiation into the bilateral upper extremity, bilateral shoulder pain, right hand pain with numbness, tingling, and weakness, left hand pain with numbness, tingling, weakness, and burning, low back pain with radiation into the bilateral lower extremity with numbness, weakness, tingling, and burning, left hip pain, bilateral knee pain, and depression and insomnia. Pain level was 9 (neck), 9 (bilateral shoulder), 9 (bilateral hand), 9 (low back), 9 (left hip), and 9 (bilateral knee) out of 10 on a visual analog scale (VAS). Physical examination performed on 06-26-2015 revealed cervical spine tenderness and spasm with decreased range of motion, lumbar spine tenderness and spasm with decreased range of motion, bilateral shoulder tenderness with decreased range of motion, bilateral wrist-hand tenderness with decreased range of motion, decreased left hip range of motion, and bilateral knee tenderness and decreased range of motion. Multiple orthopedic testing's were positive. Previous diagnostic studies included x-rays and nerve conduction studies. Previous treatments included medications, physical therapy, acupuncture, and wrist braces. The treatment plan included request for x-rays, recommendation for physical therapy, request for past

legal records, obtain prior EMG-NCV results, request lumbar spine support, bilateral spica, and bilateral knee sleeve, request for a functional improvement measurements, provided patient education, request for a pharmacological assay, ordered a urine toxicology screen, discontinue Celebrex, request psyche evaluation for anxiety and depression, request for an internal medicine consultation for insomnia, prescribed nabumetone, omeprazole, cyclobenzaprine, Tylenol #3, and compound creams. Prior physical therapy included 12 sessions. Currently the injured worker is not working and is on temporary total disability. The utilization review dated 08-05-2015, non-certified the request for Cyclobenzaprine- Flurbiprofen compound medication 180gm and Gabapentin-Amitriptyline-Dextromethorphan compound 180gm, and modified the requests for cyclobenzaprine 5mg #60 and Tylenol #3 #60 tabs.

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

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

#### **Cyclobenzaprine, Flurbiprofen compound medication 180gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/15/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS states that the use of muscle relaxants as a topical agent is not recommended and Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended. The request for Cyclobenzaprine, Flurbiprofen compound medication 180gm is not medically necessary.

#### **Gabapentin Amitriptyline Dextromethorphan compound 180gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/15/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS states that the use of topical Gabapentin is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended. The request for Gabapentin Amitriptyline Dextromethorphan compound 180gm is not medically necessary.

#### **Cyclobenzaprine 5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine 5mg #60 is not medically necessary per MTUS guidelines.

**Tylenol #3 #60 tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation fails to demonstrate adequate improvement in the injured worker's level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Tylenol #3 #60 tabs is not medically necessary.