

<b>Case Number:</b>	CM15-0176254		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 51 year old female, who sustained an industrial injury on May 12, 2014. Several documents are included in the submitted medical records are difficult to decipher. The injured worker was being treated for left-sided cervical radiculitis and numbness & tingling, cervical sprain and strain, thoracic sprain and strain, and left shoulder sprain and strain. Medical records (May 20, 2015 to August 20, 2015) indicate ongoing left-sided neck and upper back with occasional radiating to the left upper extremity with heaviness to the bottom of the palm, numbness and tingling to the left thumb and fourth finger. He has occasional headaches. There is ongoing left shoulder pain with occasional radiating to the left upper extremity with heaviness to the bottom of the palm, numbness and tingling to the left thumb and fourth finger, and occasional purple discoloration in the left hand with higher pain levels. There is ongoing midback pain with occasional radiating to the upper back. The medical records show the subjective pain rating shows no improvement from 9 out of 10 without medication on May 20, 2015 to August 20, 2015. The treating physician (August 20, 2015) noted that the injured worker has been using more Percocet for pain control and requested an increase of Percocet. There are no documented objective findings on the physician reports from May 20, 2015 and June 24, 2015. The physical exam (August 20, 2015) reveals myofascia spasm mostly on the left side of the neck with numbness. The right handgrip is normal and the left grip is 70% with pain on grasping. On August 6, 2014, a MRI of the cervical spine revealed at C2-C3 (cervical 2-cervical 3) a herniated disc in contact with the cord. At C3-C4 (cervical 3-cervical 4), there was a disc bulge in contact with the cord. At C4-C5 (cervical 4-cervical 5), there was a disc bulge indenting

the ventral thecal sac. At C5-C6 (cervical 5-cervical 6), there was a broad-based herniated disc, a superimposed bulge, and bilateral foramina were narrowed. At C6-C7 (cervical 6-cervical 7), there was a indenting the ventral thecal sac. The canal was patent at all levels of the cervical spine. There was foraminal narrowing at the C5-C6 level only. On August 29, 2014, electrodiagnostic studies of the bilateral upper extremities revealed findings most consistent with left-side cervical radiculopathy, most likely of the C6 nerve root. There is a possibility the cervical radiculopathy is at the C5 and-or C7. Documentation of a recent urine drug screen was not included in the provided medical records. Per the treating physician (June 24, 2015 to July 22, 2015 report), the injured worker has no drug-seeking behavior, Controlled Substance Utilization Review and Evaluation System (CURES) was reviewed on September 4, 2014 and a signed controlled substance contract was reviewed and signed on July 22, 2015. Treatment has included physical therapy, self-massage, heat, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including antidepressant, anti-epilepsy, pain (Percocet 10/325 mg since at least January 2015), muscle relaxant , and proton pump inhibitor (Omeprazole 20 mg since at least January 2015). Per the treating physician (August 20, 2015 report), the injured worker is to remain off work. On August 20, 2015, the requested treatments included Omeprazole 20 mg, Cyclobenzaprine 7.5 mg, LidoPro Cream 121 Gram, and Percocet 10/325 mg. On August 28,2015, the original utilization review non-certified requests for Omeprazole 20 mg#60 , Cyclobenzaprine 7.5 mg #90, and LidoPro Cream121 Gram, and partially approved a request for Percocet 10/325 mg #32 (original request for #60).

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

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

#### **Omeprazole 20 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the omeprazole is not medically necessary.

#### **Cyclobenzaprine 7.5 MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The patient has been on this medication in the past. The request exceeds the guidelines requirement for a short course of therapy. The request is not medically necessary.

**LidoPro Cream 121 Gram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per MTUS, page 111, Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not support menthol and therefore the compounded cream is not medically necessary.

**Percocet 10/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. Use of opiates to treat this patient's chronic back pain is not medically necessary based on ACOEM guidelines.