

<b>Case Number:</b>	CM15-0033806		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	01/12/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Anesthesiology

### 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 53 year old male, who sustained an industrial injury on January 12, 2008. He has reported headache, neck pain, bilateral wrist pain, and right elbow pain. The diagnoses have included bilateral carpal tunnel syndrome, right epicondylitis, left shoulder impingement, and right cubital tunnel syndrome. Treatment to date has included medications. A progress note dated January 7, 2015 indicates a chief complaint of headache, neck pain, bilateral wrist pain, and right elbow pain. Physical examination showed decreased range of motion. The treating physician is requesting range of motion and prescriptions for Methoderm ointment, Prilosec, Ibuprofen, Flexeril, and Fioricet. On February 2, 2015, Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines. On February 23, 2015, the injured worker submitted an application for IMR of a request for range of motion and prescriptions for Methoderm ointment, Prilosec, Ibuprofen, Flexeril, and Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm Ointment 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Drugs.com, <http://www.drugs.com/cdi/mentherm-cream.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

**Decision rationale:** Mentherm ointment is an over-the-counter topical agent. It is a blend of "natural remedies," Methyl Salicylate and Menthol. This topical analgesic is not a standard treatment for chronic pain. There is no peer-reviewed literature to support its use. In this case, it is evident from the records that the patient is able to use oral medications and there is no rationale provided for the use of topical ointment. Medical necessity for the requested topical analgesic ointment has not been established. The requested topical analgesic is not medically necessary.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI's Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI's.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**Range of motion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Range of Motion, Flexibility.

**Decision rationale:** Flexibility should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion (ROM) measures and functional ability is weak or

nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). In this case, the patient has a cervical spine sprain/strain. A request is being made for a ROM study of the cervical spine. It is unclear why a ROM study is being requested when physical examination had shown that cervical ROM had been measured. The specific indications for the requested service were not elaborated. Medical necessity for the requested range of motion movements has not been established. The requested service is not medically necessary.

**Ibuprofen 600mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Motrin (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, there is no documentation indicating the patient's response to prior use Ibuprofen in terms of pain relief, duration of pain relief, and functional improvement. Medical necessity of the requested medication has not been established. The request for Ibuprofen is not medically necessary.

**Flexeril 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Flexeril (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant with similar effects to tricyclic antidepressants. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Flexeril is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used

for longer than 2-3 weeks. In this case, there are no muscle spasms documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for Flexeril, has not been established. The requested medication is not medically necessary.

**Fioricet #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Butalbital-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Barbiturate-containing analgesic agents (BCAs), Fioricet.

**Decision rationale:** Barbiturate-containing analgesic agents (BCAs), such as Fioricet, are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet (butalbital, acetaminophen and caffeine) is commonly used for acute headache, with some data to support it, but there is a risk of medication over-use as well as rebound headache. The guidelines do not support BCAs because of the high potential for drug dependence and the lack of analgesic efficacy. Medical necessity of the requested medication has not been established. The request for Fioricet is not medically necessary.