

<b>Case Number:</b>	CM15-0033921		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	02/03/2015
<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: 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 was a 52 year old male, who sustained an industrial injury, December 1, 2012. The injured worker filed a claim for accumulative trauma injury occurring from March 6, 2012 through March 6, 2013. The trauma was due to repetitive work of lifting, carrying tools, bending, loading and unloading metal. The injured worker injured the left hand, left hip, lower extremity right knee. The injured worker also suffered from anxiety, tension, depression, sadness, nervousness, sleep disturbance, difficulties with appetite and sexual dysfunction. According to progress note of January 27, 2015, the injured workers chief complaint was pain in the neck and the left side of the body. The physical exam noted pain with range of motion. The injured worker was diagnosed with severe cervical stenosis, radiculopathy, myelopathy with quadriparesis, multiple large herniated nucleus pulposus C3-C4, C4-C5, C5-C6 and C6-C7 with severe cord compression with myelomalacia and status post cervical fusion on December 16, 2014. The injured worker previously received the following treatments home health services. In home physical therapy, MRI of the cervical spine, X-ray of the cervical spine, uses a cane for ambulation and toxicology laboratory studies. On January 27 2015, the primary treating physician requested authorization for prescriptions for Tramadol ER 150 mg 2 time a day #60, Cyclobenzaprine 7.5mg 2 times a day # 60, medical foods Gabadone #60, Sentra AM #60, Sentra PM #60, Theramine #90, compound prescriptions for Flurbiprofen / capsaicin / campher10 / 0.025% / 2% / 1% (120 grams) and Ketoprofen / cyclobenzaprine / lidocaine 10% / 3% / 5% (120 grams) urinalysis for toxicology screen, chiropractic therapy 2 times a week for 4 weeks and acupuncture 1 times a week for 4 weeks. On February 3, 2015, the Utilization Review denied authorization for prescriptions for Tramadol ER 150 mg 2 time a day #60, Cyclobenzaprine 7.5mg 2 times a day # 60, medical foods Gabadone #60, Sentra AM #60, Sentra PM #60, Theramine #90, compound prescription for Flurbiprofen / capsaicin /

campher 10 / 0.025% / 2% / 1% (120 grams) and Ketoprofen / cyclobenzaprine / lidocaine 10% / 3% / 5% (120 grams) urinalysis for toxicology screen, chiropractic therapy 2 times a week for 4 weeks and acupuncture 1 times a week for 4 weeks. The denial was based on the MTUS/ACOEM and ODG guidelines.

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

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

**Tramadol ER 150mg #60 bid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (pain chapter).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** The IW has been on long term opioids and recently underwent surgery. Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

**Cyclobenzaprine 7.5mg #60 bid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (Pain chapter).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 184-188, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** Per ACOEM guidelines, after surgery on the neck comfort options such as acetaminophen, and NSAID's are recommended in addition to physical activity. Muscle relaxants and opiates are not recommended. This request is not medically necessary and appropriate.

**Medical Foods: Gabadone #60; Sentra am #60; Sentra PM #60; Theramine #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications - Medical Food.

**Decision rationale:** MTUS guidelines do not comment on the use of Theramine, Gabadone, Sentra AM and Sentra PM. ODG states that Theramine, Gabadone, Sentra AM and Sentra PM are not recommended for the treatment of chronic pain. See Medical food. Under this entry discussions of the various components of this product are given. This request is not medically necessary and appropriate.

**Compound rx's: Flurbiprofen/Capsaicin/Camphor 10/0.025%/ 2%/ 1% (120gm) & Ketoprofen/ Cyclobenzaprine/ Lidocaine 10%/ 3%/ 5%/ (120gm): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Topical NSAID's are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment.

They are recommended for short-term use. With regards to the Flurbiprofen/Capsaicin/Camphor compound, Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Even though capsaicin and camphor are approved for topical use this cannot be approved due to other components in the compound. With regards to the Ketoprofen/Cyclobenzaprine/Lidocaine compound, Ketoprofen and cyclobenzaprine are not FDA approved for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Even though lidocaine is approved for topical use this cannot be approved due to other components in the compound. This request is not medically appropriate and reasonable.

**Urinalysis for toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

**Decision rationale:** According to MTUS guidelines, IW's treated with opioids may be required to sign a pain treatment agreement. Part of the agreement may include urine screening for medication and illicit substances. No pain management agreement was submitted stating urinalysis was required and there was no notation of irregular behavior suggesting abuse. This request is not medically necessary and appropriate.

**Chiro therapy 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck/upper back chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline. Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. At the time of the request is too early to start manual therapy due to immature fusion. This request is not medically necessary and appropriate.

**Acupuncture 1 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe post surgical treatment under this guideline. The physician ordering the treatment was not affiliated with the surgeon. Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. This request is not medically necessary and appropriate.