

<b>Case Number:</b>	CM15-0075426		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on 09/10/2009. She reported pain in the right elbow, right shoulder, right wrist/hand, right thumb, right fingers and neck. Diagnoses included cervical disc disease, cervical radiculopathy, right shoulder tendinitis, right elbow lateral epicondylitis and right carpal tunnel syndrome. Treatment to date has included x-rays, physical therapy, medications, epidural steroid injections to the right shoulder, MRI and electrodiagnostic studies. According to a partially legible handwritten progress report dated 03/05/2015, the right wrist and cervical spine was evaluated. Review of symptoms was positive for muscle spasms, sore muscles, numbness, stress, anxiety, difficulty sleeping, joint pain and stomach pain. Medication regimen included Norco, Neurontin, Fexmid, Prilosec and Ultracin. Pain with medications was rated 5 on a scale of 1-10 and 8 without medications. Functional benefits of medications included ability to perform activities of daily living, improved participation in home exercise program, ability to work and improved sleep pattern. Currently under review is the request for Axid, Fexmid, and Ultracin topical lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Axid 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation [www.drugs.com/pro/acid.html](http://www.drugs.com/pro/acid.html).

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

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is a H2 blocker indicated in the treatment of dyspepsia, reflux disease symptoms and peptic ulcer disease. The patient does not have any of these primary diagnoses and therefore the request is not medically necessary and not certified.

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified and is not medically necessary.

**Utracin topical lotion 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation [dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=3b0612ee-95e2-42f5-h671-00029bb5da95](http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=3b0612ee-95e2-42f5-h671-00029bb5da95).

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified and is not medically necessary.