

<b>Case Number:</b>	CM15-0094450		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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. On provider visit dated 03/05/2015 the injured worker has reported right wrist complaints. On examination of the right wrist was noted as wearing a splint, tenderness to palpation, positive Tinel's and Fink test was noted. Cervical spine was noted to have tenderness to touch and spasm. The diagnoses have included cervical spine sprain/strain with cervical radiculopathy, right shoulder rotator cuff syndrome, right cubital tunnel syndrome, right wrist tendonitis, right carpal tunnel syndrome and complex pain syndrome. Treatment to date has included medication: Norco, Neurontin, Fexmid, Ultracin and Prilosec. Pain was noted was without medication as 8/10 and with medication 3/10. On 4/16/2015, pain scale was noted as 6/10 with medication and 9/10 without medication. The injured workers functional benefits of medication were noted as able to perform activities of daily living. Improved participation of home exercise program, able to work and an improved sleep pattern was noted. The provider requested Ultracin topical lotion, Fexmid 7.5mg, Axid 150mg, and Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin topical lotion 120ml:** Upheld

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

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

**Decision rationale:** The patient was injured on 09/10/09 and presents with cervical spine pain. The request is for ultracin topical lotion 120ml. The RFA is dated 04/16/15 and the patient is currently working. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient has tenderness along the cervical paraspinal musculature and has spasms. She is diagnosed with cervical spine sprain/strain with cervical radiculopathy, right shoulder rotator cuff syndrome, right cubital tunnel syndrome, right wrist tendonitis, right carpal tunnel syndrome, and complex pain syndrome. In this case, the reason for the request is not provided. The treater does not discuss why the ointment was chosen over other topical creams. MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Furthermore, MTUS Guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the requested Ultracin topical lotion is not medically necessary.

**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 (for pain) Page(s): 63-66.

**Decision rationale:** The patient was injured on 09/10/09 and presents with cervical spine pain. The request is for fexmid 7.5mg #60. The RFA is dated 04/16/15 and the patient is currently working. The patient began taking this medication on 04/18/14. MTUS pages 63-66 states, "Muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has tenderness along the cervical paraspinal musculature and has spasms. She is diagnosed with cervical spine sprain/strain with cervical radiculopathy, right shoulder rotator cuff syndrome, right cubital tunnel syndrome, right wrist tendonitis, right carpal tunnel syndrome, and complex pain syndrome. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Fexmid as

early as 04/18/14, which exceeds the 2 to 3-week limit recommended by MTUS Guidelines. Therefore, the requested Fexmid is not medically necessary.

**Axid 150mg #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 Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation FDA.gov.

**Decision rationale:** The patient was injured on 09/10/09 and presents with cervical spine pain. The request is for Axid 150mg #60. The RFA is dated 04/16/15 and the patient is currently working. The patient began taking this medication on 03/05/15. Axid is a Histamine-2 Receptor Antagonist used to treat GERD. Regarding Axid, there is no discussion in ACOEM, MTUS, ODG or Aetna. According to FDA.gov, Axid is indicated for up to 8 weeks for the treatment of active duodenal ulcer / active benign gastric ulcer, and for up to 12 weeks for the treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn due to GERD. For similar medication proton pump inhibitors, MTUS supports it for prophylactic use along with an oral NSAID when GI risk assessments are provided. The patient has tenderness along the cervical paraspinal musculature and has spasms. She is diagnosed with cervical spine sprain/strain with cervical radiculopathy, right shoulder rotator cuff syndrome, right cubital tunnel syndrome, right wrist tendonitis, right carpal tunnel syndrome, and complex pain syndrome. In this case, there is no new diagnosis of duodenal/gastric ulcers or esophagitis, nor is there documentation of any GI issues such as GERD, gastritis, or PUD. Patient has been using Axid for 1 month without documentation of efficacy. The treater does not explain why this medication should be continued. There are no GI risk assessment provided either for prophylactic use along with an NSAID. Regarding medications for chronic pain, MTUS pg. 60 states treater must maintain a record of pain and function. Therefore, the requested Axid is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 09/10/09 and presents with cervical spine pain. The request is for Norco 10/325mg #90. The RFA is dated 04/16/15 and the patient is currently working. The patient began taking this medication on 04/18/14. Treatment reports are provided from 04/18/14 to 04/16/15. Reports provided are hand-written and illegible. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, Criteria for use of opiates for long-term users of opiates (6 months or more) states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page

78, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The patient is diagnosed with cervical spine sprain/strain with cervical radiculopathy, right shoulder rotator cuff syndrome, right cubital tunnel syndrome, right wrist tendonitis, right carpal tunnel syndrome, and complex pain syndrome. In this case, there is no discussion provided on how any of the medications are impacting the patient's pain and function. Although the patient is currently working, not all of the 4 A's are addressed as required by MTUS guidelines. There are no before-and-after medication pain scales and no discussion provided on adverse behavior/side effects. No validated instruments are used either. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications nor are there any pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.