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| <b>Case Number:</b>   | CM14-0148146 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 02/02/2009 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 09/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2014 |

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 02/02/2009. The patient receives treatment for chronic neck, shoulder, and low back pain. The injuries are the result of repetitive trauma at the job. Patient reports alternating episodes of constipation and diarrhea. The patient was treated for piriformis dystonia with a steroid injection. In addition, Botox and trigger point injections were given for other regional pains. The diagnoses include: cervicalgia, left rotator cuff syndrome, thoracic outlet syndrome, GERD, IBS, and obstructive airways disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com: Probiotics for gastrointestinal diseases

**Decision rationale:** Probiotics are a nutritional supplement and at the present time its use is considered investigational for any and all treatments. There are no long term clinical trials that consistently show efficacy for the treatment of gastrointestinal conditions. Probiotics are not medically indicated.

**Sunscreen SPF 50: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com: Selection of sunscreen and sun-protective measures

**Decision rationale:** Topical sunscreens and sun light avoidance can reduce the likelihood of photo damage to the epidermis over time. They are medically indicated in patients with a known history of certain skin cancers caused by ultraviolet exposure. Based on the documentation, sun screens are not medically indicated.

**Plaquirl 200mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Rheumatology

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com: Plaquenil (Hydroxychloroquine)

**Decision rationale:** Plaquenil may be medically indicated to treat some active cases of Systemic Lupus Erythematosus (SLE) or certain types of malaria. The rheumatologist diagnosed the patient with multiple painful areas, fatigue, and insomnia. Based on the documentation, Plaquenil is not medically indicated.

**Lidoderm Patch 5%: Upheld**

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

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

**Decision rationale:** Topical analgesics and not recommended to treat chronic pain, as there are few studies that show efficacy. Lidoderm patches contain Lidocaine, which is FDA approved to treat localized peripheral neuropathic pain, only after a trial of a first line agent has been tried and failed. Based on the documentation, Lidoderm is not medically indicated.

**Topical Cream 210g (Flurbiprofen 20% Tramadol 20%): 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 analgesics Page(s): 111-113.

**Decision rationale:** Topical analgesics are experimental when used to treat chronic pain. In addition, in any compounded product, if it contains a drug or drug class that is not recommended, then that product is not recommended. Tramadol is an opioid. Opioids are not medically indicated when used topically for any health problem. Flurbiprofen is an NSAID. NSAIDs are not medically indicated when used topically. This compounded topical analgesic is not medically indicated.