

<b>Case Number:</b>	CM13-0023926		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	09/03/2012
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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:

The patient is a 31-year-old male who reported a work related injury on 09/03/2012, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, thoracic spine sprain/strain, myofasciitis, lumbar spine sprain/strain, myofasciitis, and right rib cage pain. The clinical notes document the patient presented on 08/29/2013 under the care of [REDACTED]. The provider documented the patient rated his pain at a 4/10. The patient reported muscle spasms, the provider documented the patient utilizes oral analgesics as well as topical analgesics. The provider documented the patient utilizes acupuncture 1 time a week with moderate relief noted. Upon physical exam of the patient, the provider documented tenderness upon palpation throughout the thoracic/lumbar spine. The provider reported full range of motion about the lumbar spine with pain elicited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ultram ER/Tramadol 150mg between 8/29/2013 and 08/29/2013: 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 Page(s): 93,94,78.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy as a result of utilizing this medication for his pain complaints. California MTUS Guidelines state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Without documentation indicating the patient's reports of efficacy as demonstrated by a decrease in rate of pain on a Visual Analog Scale and increase in objective functionality, the request for 30 Ultram ER/Tramadol 150mg 8/29/2013 and 08/29/2013 is not medically necessary or appropriate.

**90 Anaprox DS/Naproxen Sodium 550mg between 08/29/2013 and 08/29/2013: 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 Page(s): 73.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy as a result of utilizing this medication for his pain complaints. Naproxen is in the anti-inflammatory drug class utilized for inflammation and as an analgesic. Without documentation indicating the patient's reports of efficacy as demonstrated by a decrease in rate of pain on a Visual Analog Scale and increase in objective functionality, the request for 90 Anaprox DS/Naproxen Sodium 8/29/2013 and 08/29/2013 is not medically necessary or appropriate.

**1 Prescription for Cyclobenzaprine 10% + Gabapentin 10% cream 30mg 8/29/2013 and 8/29/2013: 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence to support a specific rationale for the patient utilizing 3 different topical analgesics with different mechanisms of action. Additionally, California MTUS indicates topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. California MTUS does not recommend topical applications of gabapentin as well as muscle relaxants. Any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Given all of the above, the request

for 1 prescription for Cyclobenzaprine 10% + Gabapentin 10% cream 30 mg 08/29/2013 and 08/29/2013 is not medically necessary or appropriate.

**1 Prescription for Flurbiprofen 20% cream 30mg 8/29/2013 and 8/29/2013: 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence to support a specific rationale for the patient utilizing 3 different topical analgesics with different mechanisms of action. Additionally, California MTUS indicates topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. California MTUS does not recommend topical applications of gabapentin as well as muscle relaxants. Any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Given all of the above, the request for 1 prescription for Flurbiprofen 20% cream 30 mg 08/29/2013 and 08/29/2013 is not medically necessary or appropriate.

**1 Prescription for Tramadol 20% cream 30mg 8/29/2013 and 8/29/2013: 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 Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence to support a specific rationale for the patient utilizing 3 different topical analgesics with different mechanisms of action. Additionally, California MTUS indicates topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. California MTUS does not recommend topical applications of gabapentin as well as muscle relaxants. Any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Additionally, the provider does not indicate a rationale for the patient to utilize both oral and topical tramadol. Given all of the above, the request for 1 prescription for Tramadol 20% cream 30 mg 08/29/2013 and 08/29/2013 is not medically necessary or appropriate.