

<b>Case Number:</b>	CM13-0025805		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/16/2006
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Physical Medicine and Rehabilitation, 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 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.

### 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 is a female patient with a date of injury of 2/16/06. A utilization review determination dated 8/27/13 recommends non-certification of Elavil, Gaba Calm, Duragesic, Percocet, and Fluriflex. A progress report dated 6/17/13 identifies subjective complaints including significant low back pain that radiates into the waist area and buttocks, constant and severe. There is bilateral intermittent leg pain, specifically intense burning sensations below the knees in the calves and upper ankle area. Gabapentin helped the burning sensation. Fluriflex ointment is helping her pain. Pain level is 7/10 with medications and 7/10 without medications. Objective examination findings identify no abnormal findings. Diagnoses include lumbar radiculopathy; chronic pain syndrome; chronic pain-related insomnia; myofascial syndrome; neuropathic pain; chronic pain-related depression; prescription narcotic dependence; chronic pain-related sexual dysfunction. Treatment plan recommends urine drug screen, discontinue Sintralyne, start Elavil for insomnia and pain, increase gabapentin for neuropathic pain, resume Gaba calm (natural anti-anxiety supplement), functional capacity evaluation, increase Duragesic patch, continue Percocet, NESP-R program consultation to outline a treatment plan for the patient that includes narcotic detoxification, and Fluriflex.  $\hat{i}$

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Elavil 25mg #30:** Upheld

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

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

**Decision rationale:** Regarding the request for Elavil, California Medical Treatment Utilization Schedule (MTUS) supports the use of tricyclic antidepressants in the management of neuropathic pain. Within the documentation available for review, there is documentation that the medication is to be utilized for insomnia and pain. Insomnia is not a supported indication and there are minimal symptoms and no objective findings supportive of neuropathic pain noted. In the absence of such documentation, the currently requested Elavil is not medically necessary.

**One prescription of Gaba Calm #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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 Official Disability Guidelines (ODG), Section: Pain Chapter, Medical foods section.

**Decision rationale:** Regarding the request for Gaba Calm, California Medical Treatment Utilization Schedule (MTUS) does not address the issue. The provider notes that it is a natural anti-anxiety supplement. Official Disability Guidelines (ODG) cites that Gaba is "indicated for epilepsy, spasticity and tardive dyskinesia." Within the documentation available for review, there is no documentation of a condition for which the use of a Gaba supplement would be indicated. In the absence of such documentation, the currently requested Gaba Calm is not medically necessary.

**One prescription of Duragesic 100 mcg/hr #5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** The Physician Reviewer's decision rationale: Regarding the request for Duragesic, California Medical Treatment Utilization Schedule (MTUS) states that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no clear indication that the Duragesic is improving the patient's function or pain (in terms of percent reduction in pain or reduced numerical rating scale). Some medications were said to improve the patient's pain, but the pain scale was noted to be 7/10 regardless of medication use at the time of the request. Regarding functional improvement, there was only a subsequent mention that the patient felt that she would like to pursue finding a job, which is subjective in nature, as no clear

examples of specific functional improvement were noted. In light of the above issues, the currently requested Duragesic is not medically necessary.

**One prescription of Percocet 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for Percocet, California Medical Treatment Utilization Schedule (MTUS) states that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no clear indication that the Duragesic is improving the patient's function or pain (in terms of percent reduction in pain or reduced numerical rating scale). Some medications were said to improve the patient's pain, but the pain scale was noted to be 7/10 regardless of medication use at the time of the request. Regarding functional improvement, there was only a subsequent mention that the patient felt that she would like to pursue finding a job, which is subjective in nature, as no clear examples of specific functional improvement were noted. In light of the above issues, the currently requested Percocet is not medically necessary

**One prescription of Fluriflex 180gm: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Regarding the request for Fluriflex, it appears that this compounded topical medication contains flurbiprofen and cyclobenzaprine. California Medical Treatment Utilization Schedule (MTUS) cites that topical Non-steroidal anti-inflammatory drug (NSAIDs) are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical Non-steroidal anti-inflammatory drug (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." None of the above have been documented. Muscle relaxants such as cyclobenzaprine are not supported by the California Medical Treatment Utilization Schedule (MTUS) for topical use. Within the documentation available for review, there is also no clear rationale for the use of topical medications rather than the Food and Drug Administration approved oral forms for this patient. In light of the above issues, the currently requested Fluriflex is not medically necessary.