

<b>Case Number:</b>	CM13-0029288		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 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 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 patient sustained an injury on 10/14/09 while employed by [REDACTED]. Requests under consideration include 1 home exercise kit for bilateral upper extremities, compound topical analgesics: Flurbiprofen, Cyclobenzaprine 15/15 10% cream, 180 grams, compound topical analgesics: Tramadol, Gabapentin, Menthol, Camphor 8/10 times 2, 2% cream, 180 grams, Alprazolam er 1mg #30, and retrospective urinalysis for toxicology performed on 08/14/2013. Diagnoses include cervical disc displacement without myelopathy. The patient is s/p C6-7 anterior cervical discectomy and fusion on 1/9/13. Report of 8/14/13 from the provider noted the fusion has healed. Urine Drug Screen dated 7/17/13 noted inconsistent findings negative for prescribed Alprazolam and detected Cotinine and Nicotine without change in treatment regimen. Report of 9/11/13 from the provider noted the patient doing reasonably well with medications including topicals helping with pain complaints. Exam of cervical spine showed tenderness at left trapezius and left neck with mild range of motion restriction; although reasonable for his age; left shoulder showed restricted range with abd/flex 170 degrees; tenderness at acromioclavicular joint. Diagnoses included s/p cervical spine fusion surgery at C6-7 and mild left shoulder impingement. Discussion noted the patient has single segment fused and is considered to have achieved maximal medical improvement. The requests for the home exercise kit, topical compounds, urine drug screen, and Alprazolam were non-certified on 9/13/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 HOME EXERCISE KIT FOR BILATERAL UPPER EXTREMITIES: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME), pages 297-298, 309.

**Decision rationale:** Although the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit with unspecified detail of what is included versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients which is not indicated here. The patient continues to participate in active physical therapy and has received instructions for an independent home exercise program without the need for specialized equipment. The home exercise kit for bilateral upper extremities is not medically necessary and appropriate.

## **COMPOUND TOPICAL ANALGESICS: FLURBIPROFEN, CYCLOBENZAPRINE 15/15 10% CREAM, 180 GRAMS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 143.

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

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral Non-steroidal anti-inflammatory drug (NSAIDs) or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of topical Flurbiprofen or topical muscle relaxant Cyclobenzaprine over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on visual analog scale rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2009. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The compound topical analgesics: flurbiprofen, cyclobenzaprine 15/15 10% cream, 180 grams is not medically necessary and appropriate.

## **COMPOUND TOPICAL ANALGESICS: TRAMADOL, GABAPENTIN, MENTHOL, CAMPHOR 8/10 TIMES 2, 2% CREAM, 180 GRAMS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 143.

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

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral Non-steroidal anti-inflammatory drug (NSAIDs) or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of anti-epileptic medication Gabapentin or topical opioid of Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on visual analog scale rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2009. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The compound topical analgesics: Tramadol, Gabapentin, Menthol, Camphor 8/10 times 2, 2% cream, 180 grams is not medically necessary and appropriate.

**ALPRAZOLAM ER 1MG #30:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Alprazolam 1mg #30 is not medically necessary and appropriate.

**RETROSPECTIVE URINALYSIS FOR TOXICOLOGY PERFORMED ON 08/14/2013:**  
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 Drug Testing Page(s): 43.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control. The patient has reached MMI. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain despite evidence of aberrant drug behavior with previous inconsistent urine drug screen results without change in treatment profile. The retrospective urinalysis for toxicology performed on 08/14/2013 is not medically necessary and appropriate.