

<b>Case Number:</b>	CM13-0037218		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Anesthesia and has a subspecialty Acupuncture and Pain 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 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:

64y/o male injured worker with date of injury 9/5/06 with related neck and low back pain. He has been diagnosed with cervical spine degenerative disc disease, cervical spine radiculopathy, cervical spine sprain/strain, lumbar spine degenerative disc disease, lumbar spine spondylolisthesis, lumbar spine radiculopathy, lumbar spine sprain, and lumbar spine sciatica. Cervical spine MRI dated 11/5/08 showed varying degrees of cervical spondylosis from C3 to C7, and canal stenosis at C5-C6 from facet hypertrophy and spondylosis. He has been treated with physical therapy, and currently utilizes home traction and medication. The injured worker is retired. The date of UR decision was 8/30/13. The latest document available for this review was dated 9/24/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol (no dosage provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93, 113.

**Decision rationale:** According to MTUS CPMTG p93, tramadol (Ultram) is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side effects: Dizziness, nausea, constipation, headache, somnolence, flushing, pruritis, vomiting, insomnia, dry mouth, and diarrhea. Per p113, tramadol is not recommended as a first-line oral analgesic. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveal documentation supporting the medical necessity of tramadol as numerous medications such as ibuprofen, naproxen, diclofenac, and meloxicam have all failed the injured worker and also significantly affected his gastrointestinal tract in an adverse manner. Tramadol has provided the injured worker with pain relief and it is an anti-inflammatory agent that he is able to tolerate. However, there is no documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The request is not medically necessary.

**Cervical Collar:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** With regard to cervical collars MTUS ACOEM states "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "preinjury" activities." Per 9/24/13 appeal from the primary care provider, the injured worker has found significant relief of his symptoms with the use of a soft collar. The injured worker reports that when he uses the soft collar for two to three hours at the end of his day, he has been able to reduce his reliance on tramadol and other interventions. Progress report dated 9/23/13 states that the soft collar "reduced pain overall with evening use, dropping pain 4/10 points reliably". While prolonged use of a cervical collar may lead to weakness, the preponderance of evidence suggests that the injured worker's limited use of the cervical collar does not pose a threat, and the benefits it

provides outweigh the risk. He is not using it for "prolonged periods" as ACOEM warns against and is maintaining his preinjury activities as ACOEM advocates for. The request is medically necessary.

**Medrox patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anagesics Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.

**Orphenadrine Citrate 50 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

**Decision rationale:** With regard to muscle relaxants, the MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van

Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Per 9/23/13 progress report, the injured worker reports that "he only uses the orphenadrine citrate for muscle spasm as needed, less than once per week, and he is cutting the tablet in half when using." I respectfully disagree with the UR physician that this claimant may fall victim to dependence or diminished efficacy of this medication. The injured worker is using this medication for periodic muscle spasms that are inevitable as a result of this type of morbidity, and he is within the guidelines set forth in the MTUS. The request is medically necessary.