

<b>Case Number:</b>	CM13-0041358		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas. 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 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. 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 55-year-old male who reported an injury on 08/27/1979 to 10/29/2011. The patient is a previous firefighter who developed pain in his neck, back, knees, ankles, and feet during the course and scope of his employment. The patient's diagnoses include cervical discopathy, lumbar discopathy, carpal tunnel syndrome/double crush, internal derangement of bilateral knees, bilateral plantar fasciitis, gastroesophageal reflux disease, history of pain sinusitis status post intravenous immunoglobulin treatment, history of prostate cancer, and mitral valve prolapse. The patient has been treated with physical therapy, medication, and surgery. Surgical history includes surgery performed on the right shoulder in 05/2012, 8 sinus surgeries from 2004 to 2011, left shoulder surgery in 12/2009, and a surgery to the right index finger in 2001. The clinical documentation states the patient continues to complain of aching to sharp and throbbing pain in the cervical spine with radiation through the shoulders. The patient stated he has grinding and popping of the neck. The patient also reported stiffness in the cervical region, which is aggravated when turning his head from side to side and tilting his head up and down. The pain was also aggravated by keeping his head in a fixed position for prolonged periods of time. Physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. Seated nerve root test was positive. Physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles with limited range of motion. Axial loading compression test and Spurling's maneuver test were positive. Physical examination of the bilateral upper extremities revealed reproducible symptomatology with numbness in the hands with a positive palmar compression test subsequent to Phalen's maneuver. There was reproducible symptomatology in the median nerve distribution. Double crush syndrome has been noted. Physic

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Keloprofen Powder 18g/Glycerin liquid 36 ml/Lidocaine HCL powder 1.2 g/Capsaicin Powdeg/Tramadol HCL powder 6g: 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 Topical Analgesics, Tramadol (Ultram) Page(s): 111-113.

**Decision rationale:** The CA MTUS states ketoprofen is a non-FDA approved agent. The CA MTUS states lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. The CA MTUS states capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The CA MTUS also states that tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. The patient had complaints of cervical spine pain, bilateral upper extremity pain, lumbar spine pain, bilateral knee pain, bilateral ankle pain, chronic headaches, tension between the shoulder blades, and migraines. However, the clinical documentation submitted for review does not meet the Guideline recommendations. The documentation submitted does not indicate that the patient has been intolerant of other treatments as recommended for the use of capsaicin. Therefore, the documentation does not support medical necessity at this time. The clinical documentation submitted for review does not indicate that the patient is using any other opioid analgesic for pain. Tramadol is not recommended as a first line oral analgesic. Therefore, the documentation does not support medical necessity at this time. In regard to the lidocaine, the clinical documentation does not submit evidence that the patient has tried to use a tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica for pain management rather than the lidocaine. The CA MTUS/American College of Occupational and Environmental Medicine nor ODG address glycerin liquid. However, the clinical documentation does not indicate a use or need of glycerin liquid. Given the lack of documentation to support Guideline criteria, the request for Keloprofen Powder 18g/Glycerin liquid 36 ml/Lidocaine HCL powder 1.2 g/Capsaicin Powdeg/Tramadol HCL powder 6g is non-certified.

**Flurbiprofen powder 12g/cyclobenzaprine HCl powder 2.4/capsaicin Powder 0.015g/lidocaine HCl powder 1.2/glycerin liquid 30ml: 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 Flurbiprofen, Cyclobenzaprine, Topical Analgesics Page(s): 71-72, 41, 111-113.

**Decision rationale:** CA MTUS states that Flurbiprofen is recommended primarily for the treatment of osteoarthritis and that the maximum daily dose is 300 mg/day; with the maximum divided dose at 100 mg. Flurbiprofen is a non-selective COX-1 and COX-2 inhibitor. Side effects may include headache, dizziness, insomnia, rash including life-threatening skin reactions and abdominal cramps, nausea/vomiting, diarrhea, constipation, flatulence; as well as tinnitus and anemia. CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The CA MTUS states that flurbiprofen is recommended primarily for the treatment of osteoarthritis and that the maximum daily dosage is 300 mg per day. The CA MTUS states that cyclobenzaprine is recommended for a short course of therapy. The CA MTUS states capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The CA MTUS states lidocaine in a transdermal application is a recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. The patient had complaints of chronic headaches, tension between the shoulders, migraines, cervical spine pain, bilateral upper extremity pain, lumbar spine pain, bilateral knee pain, and bilateral ankle pain. However, the clinical documentation submitted for review does not indicate that the patient is being treated for osteoarthritis as is recommended for the use flurbiprofen. The documentation does not indicate how long the patient has been taking cyclobenzaprine, as it is recommended for a short course of therapy. In regard to capsaicin, the clinical documentation does not indicate that the patient has not responded to or is intolerant to any other treatments. Furthermore, lidocaine is only recommended as a patch for neuropathic pain or peripheral pain. Given the lack of documentation to support Guideline criteria, the request for Flurbiprofen powder 12g/cyclobenzaprine HCl powder 2.4g/capsaicin Powder 0.015g/lidocaine HCl powder 1.2g/glycerin liquid 30ml is non-certified.