

Case Number:	CM13-0056238		
Date Assigned:	12/30/2013	Date of Injury:	12/11/2006
Decision Date:	05/07/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in 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 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:

The patient is a 64 year old male who was injured on 12/11/2006. The mechanism occurred when he hurt his low back while moving office furniture. Prior treatment history has included Oxycodone, Norco and Duragesic. The patient has received 2 epidural injections in 2008. The patient underwent spinal cord stimulators, two trials; one with the Boston Scientific device and one with the Medtronic device. The patient is status post lumbar spine surgery in 2007. He had removal of lumbar spinal cord stimulator neuroelectrodes on 11/02/2012. Lab Report dated 10/29/2013 indicated positive results for medications tested which were Ethanol; Ethyl Glucuronide; Opioids; Hydrocodone; Norhydrocodone; Noroxycodone; Oxycodone; Other; and Acetaminophen. Pain Management consultation report dated 11/26/2013 indicated there are no subjective or objective changes in the patient's condition. He has decided not to proceed with a spinal cord stimulator implant. He is stable on his current medication regimen. The patient complains of pain which rates the intensity as 9/10. He has moderate to severe pain radiating into the right shoulder. He has severe pain radiating into the left lower extremity. He has sleep disturbance, depression; symptoms as heavy, tight radiating and constant. Exacerbation with sitting, standing, bending, lifting, rising from a chair and intercourse; lying supine, stretching, exercise, heat, and massage are palliative. Objective findings on exam revealed alignment and curvature of the cervical spine are grossly normal. Cervical Orthopedic Tests are negative. Cervical range of motion revealed flexion 45; extension 40; left lateral flexion 30; right lateral flexion 30; left rotation 60; right rotation 60. The lumbar spine alignment and curvature are grossly normal. There is well-healed post-surgical scarring. There is paravertebral muscle spasm noted. The bilateral sacroiliac joints are mildly tender. Lumbar range of motion revealed flexion is 70 with pain; extension is 20 with pain; left lateral flexion is 15 with pain; right lateral flexion is 15 with pain; left rotation is 20 with pain; and right rotation is 20 with pain. Lumbar

orthopedic tests revealed negative Valsalva; negative straight leg raise bilaterally; negative Braggard's bilaterally; positive Kemp's; negative Minor's sign; Negative Waddell's. The neurological examination is intact and symmetrical throughout the bilateral lower extremities; paresthesia corresponding to the right C5 dermatome; reflexes: Deep tendon reflexes are 1/4 at the bilateral biceps, brachioradialis, and triceps tendons; 2/4 at the bilateral patellar tendons; 1/4 at the bilateral Achilles tendons; pathological reflexes are absent; motor strength is 5/5 globally throughout the bilateral upper and lower extremities. The patient is diagnosed with 1) Lumbar post-surgical syndrome. 2) Lumbar facet joint pain 3) Sacroiliac joint pain; 4) Lumbar neuralgia; 5) Cervicalgia; 6) Cervical Neuralgia; 7) Muscular Spasm/Myofascial pain; and 8) Chronic pain syndrome. A request is made for Oxycodone, Norco, Creams, Magnesium daily and AI Biotech DNA Test for Drug Sensitivity. AME Evaluation Report dated 01/05/2010 states the patient is permanent and stationary, having reached maximum improvement. Physical therapy, medications, injections and other such non-operative measures may be warranted. Orthopedic progress Report dated 04/19/2010 indicates a referral was made to pain management for medication management and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL COMPOUNDED CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Tramadol is a centrally acting synthetic opioid that is not recommended for long duration use. There is no medical justification for providing an opioid in a compounded formula. The medical records do not establish this patient has failed standard oral analgesic measures.

CYCLOBENZAPRINE TOPICAL CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently the medical necessity of this topical compound is not established.

AL BIOTECH DEOXRIBONUCLEIC ACID (DNA) TEST FOR DRUG SENSITIVITY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Paingenetic Testing For Potential Opioid Abuse Other Medical Treatment Guideline Or Medical Evidence:[Http://Www.Aibiotech.Com/Services](http://www.aibiotech.com/services).

Decision rationale: According to the Official Disability Guidelines, genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. It is reasonable that appropriate adjustments to the patient's medication regimen can be made with routine interaction and assessment by the physician of the patient's subjective report regarding pain and objective findings/observations and periodic drug screens, standard urine toxicology screens, as is recommended under the evidence-based guidelines. The medical necessity for DNA testing is not been established, and is not recommended under the current guidelines.

FLURBIPROFEN 20% 30 GRAM JARS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Antiinflammatory Cream..

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

Decision rationale: As per CA MTUS guidelines, "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 NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, this patient has chronic neck and back pain and its use is not supported by the guidelines. Also, it is unclear why the patient is unable to take this medication orally. Thus, the request for Flurbiprofen topical cream is non-certified.