

<b>Case Number:</b>	CM13-0057547		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/31/1997
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Family Medicine and is licensed to practice in North Carolina. 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 63-year-old with a reported date of injury of 04/10/1997. The patient has the diagnoses of cervical spine herniated disc (722.71), bilateral carpal tunnel syndrome (354.0) and bilateral cubital tunnel syndrome (354.2). Past treatment modalities have included physical therapy, pain medication and home exercise program. Progress reports provided by the primary treating physician date 11/15/2013 indicates the patient has complaints of pain in the bilateral wrists and cervical spine with numbness and tingling in both hands with radiating pain to both hands. The physical exam consists of decreased range of motion with tenderness to palpation over the paravertebral musculature and trapezius musculature bilaterally with decreased sensation in the left hand to the ring and middle finger and all fingers in the right hand. Treatment plan consisted of continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg (dispensed 10/18/13) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants 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 (Low Back Pain). (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 Non-Steroid Anti-Inflammatory Drugs (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. (Homik, 2004) The long-term use of this medication is not recommended in the guidelines and thus the request of Fexmid 7.5mg (dispensed 10/18/13) #60 is not medically necessary and appropriate.

**Colace 100 mg (dispensed 10/18/13) #60:** Overturned

**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 opioids Page(s): 77.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states that when using opioid medication, Prophylactic treatment of constipation should be initiated. Since the patient is on opioid medication the medication is justified per the guidelines and thus the requested Colace 100 mg (dispensed 10/18/13) #60 is medically necessary and appropriate.

**Flurbiprofen 30gm 25%/Cyclobenzaprine 3gm 10%/Tramadol 10%, 120gm tube (dispensed on 10/18/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option, largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. (Excluding Baclofen). The requested medication is a compound with a non-approved muscle relaxant. Guidelines do not support its use and therefore the requested Flurbiprofen 30gm 25%/Cyclobenzaprine 3gm 10%/Tramadol 10%; 120gm tube (dispensed on 10/18/13) is not medically necessary and appropriate.

**Urine drug screen (collected 10/18/13):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states: Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The use of urine drug screens to assess the presence of illicit drugs and/or to monitor patient adherence to prescription medications is recommended in the guidelines and thus the request of Urine drug screen (collected 10/18/13) is medically necessary and appropriate.