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| <b>Case Number:</b>   | CM13-0064849 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 04/20/2012 |
| <b>Decision Date:</b> | 07/31/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2013 |

### 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 Occupational 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 was injured on 04/20/12. His medications are under review. He has a diagnosis of a repaired open wound of the left forearm, carpal tunnel syndrome, tendinitis/bursitis of the hands and wrists, lesion of the left median and left ulnar nerves. He saw a physician on 11/20/13. He complained of intermittent minimal pain in his chest and frequent moderate to severe pain that was throbbing in the left forearm. It was worse with activity and radiated throughout his left upper extremity and was worse with cold weather. He had frequent moderate pain in the left wrist and hand that was described as throbbing and made worse by grasping, gripping, and cold weather and travels to his pinky, ring, and index fingers. He reported numbness and that his fingers lock up. His lip was not bothering him. There was a large scar on the anterior portion of the left forearm and a scar on the left pectoralis muscles on the left side of the upper lip. Deep tendon reflexes were intact. Tinel's test was positive on the left side. Bracelet test was positive on the left. Physical medicine was ordered for 6 additional visits. He had completed 16 sessions since the last request. He was prescribed FluriFlex (flurbiprofen and cyclobenzaprine) and TG Hot (tramadol, gabapentin, menthol, camphor and capsaicin.) He was also given tramadol. He was reportedly cut by an electric saw. His left arm was badly cut. Interferential muscle stimulator was recommended and EMG/nerve conduction studies were ordered. There is no mention of medication use. On 03/12/14, he was seen again. He continued to have the same pain in the same areas. No additional therapy was needed. He had completed 19 work hardening sessions and reached a plateau. He had moderate to severe pain but declined acupuncture. He had a functional capacity evaluation on 04/14/14. He had a lifting category of sedentary and carrying category of light.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURFLEX 180GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for FlurFlex 180 gm. The CA MTUS page. 143 state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. Topical cyclobenzaprine is not recommended. There is also no evidence of trials and failure of all other reasonable first line drugs. The medical necessity of this request has not been clearly demonstrated.

**TGHOT 180GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for TG Hot (Tramadol, gabapentin, menthol, camphor and capsaicin) FlurFlex 180 gm. The CA MTUS page 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily this is what is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "There is no evidence of failure of all other first line drugs. Topical Tramadol and gabapentin are not recommended. Capsaicin is only recommended when other first line drugs have failed. There is also no evidence of trials and failure of all other reasonable first line drugs. The medical necessity of this request has not been clearly demonstrated.

**Tramadol 50mg (#90):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

**Decision rationale:** The history and documentation do not objectively support the request for Tramadol. The CA MTUS page. 145 "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The patient was given topical medications but there is no history of trials of first line drugs such as acetaminophen, anti-inflammatory, and other medications. There is no clear documentation of the objective or functional benefit to the patient of the use of Tramadol. The expected benefit or indications for the use of this medication have not been stated. Additionally, MTUS states "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to 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 medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded (Mens 2005). The medical necessity of Tramadol has not been clearly demonstrated.