

<b>Case Number:</b>	CM13-0067965		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/25/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 injured worker is a 53-year-old gentleman with a date of injury of 11/25/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/29/2013, 11/12/2013, and 11/26/2013 indicated the worker was experiencing pain in the neck, left shoulder, left ankle, and lower back. Documented examinations described decreased joint motion throughout the back joints, the left ankle and the left shoulder; spasm in the mid- and lower back; and left shoulder weakness. The submitted and reviewed documentation concluded the worker was suffering from sprain/strain throughout the back, cervical disk syndrome, left shoulder strain/sprain with rotator cuff syndrome, prior left rib cage fracture, lumbar disk syndrome, left ankle sprain/strain with a history of prior fracture, peroneal nerve dysesthesia, GERD, and weight gain. Treatment recommendations included oral and topical pain medication, pain medication injected into the left shoulder, follow up care, and consultation with specialist providers. A Utilization Review decision was rendered on 11/26/2013 recommending modified approval for tramadol-ER 150mg without refills and denial for indefinite supplies of, TG Hot and Fluriflex, and Lidoderm 5% patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95 124.

**Decision rationale:** Tramadol-ER is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing pain in the neck, left shoulder, left ankle, and lower back. The documented pain assessments included minimal detail and almost none of the elements suggested by the Guidelines. There was no indication of improved pain intensity, function, or quality of life with this medication. Further, the request was made for an indefinite supply of tramadol-ER, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of tramadol-ER 150mg is not medically necessary.

**Lidoderm Patches 5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics Page(s): 56-57 112.

**Decision rationale:** The MTUS Guidelines recommend Topical Lidocaine for the treatment of localized peripheral pain if the worker has failed first line treatments. Topical Lidocaine is not recommended for chronic neuropathic pain due to a lack of benefit demonstrated by the literature. First line treatments include tricyclic antidepressant, serotonin-Norepinephrine reuptake inhibitor, and anti-epileptic (Gabapentin or Pregabalin) medications. The submitted and reviewed records indicated the worker was experiencing pain in the neck, left shoulder, left ankle, and lower back. There was no documentation suggesting the worker had failed a first line treatment. Further, the request was made for an indefinite supply of Lidoderm 5% patches, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of Lidoderm 5% patches is not medically necessary.

**TG hot & flurflex:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Fluriflex is a compound containing a medication in the non-steroidal class (Flurbiprofen 15%) and the muscle relaxant class (Cyclobenzaprine 10%). The components of the compound TG Hot were not provided. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Topical muscle relaxants are not recommended as a beneficial treatment. The submitted and reviewed records indicated the worker was experiencing pain in the neck, left shoulder, left ankle, and lower back. There was no discussion of extenuating circumstances supporting the use of these topical medications in this setting. In the absence of such evidence, the current request for TG Hot and Fluriflex is not medically necessary.