

<b>Case Number:</b>	CM13-0072343		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 and is licensed to practice in Texas and Oklahoma. 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 67-year-old male who reported an injury on 08/03/2012 due to a motor vehicle accident. The injured worker reportedly sustained an injury to his cervical spine, thoracic spine, lumbar spine and left lower extremity. The injured worker's treatment history included physical therapy, massage therapy, multiple medications, a back brace, and activity modifications. The injured worker was evaluated 12/06/2013. It was documented that the injured worker's medications included tramadol. The injured worker complained of 7/10 pain of the neck, upper back, and lower back. Physical findings included limited cervical, thoracic and lumbosacral range of motion secondary to pain with tenderness to palpation of the spinous process. The injured worker's diagnoses included displacement of the intervertebral disc of the cervical spine, brachial neuritis or radiculitis, degeneration of the cervical intervertebral discs, spinal stenosis of the cervical spine, cervical facet joint hypertrophy, lumbar facet joint hypertrophy, displacement of the intervertebral disc of the thoracic spine, degeneration of the lumbar intervertebral disc. The injured worker's treatment plan included continuation of medications and an epidural steroid injection. The request was made for Tramadol, Flexeril, Protonix, and topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 150MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Tramadol ER 150 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of chronic pain be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review fails to provide a quantitative assessment of pain relief related to medication usage. It was noted within the documentation that the patient complains of 7/10 pain; however, a reduction in pain related to medication usage is not provided. Additionally, the clinical documentation fails to provide any evidence of functional benefit related to medication usage. There is no documentation of how the patient is managed for aberrant behavior. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Tramadol ER 150 mg #60 is not medically necessary or appropriate.

**FLEXERIL 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Flexeril 7.5 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does not provide any evidence that the injured worker is experiencing an acute exacerbation of chronic pain. Although the clinical documentation does not specifically identify that the injured worker has previously taken this medication, the request is for 60 tablets which exceeds guideline recommendations. No exceptional factors are noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 7.5 mg #60 is not medically necessary or appropriate.

**PROTONIX 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI, Symptoms & Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The requested Protonix 20 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant for injured workers who have risk factors for the development of gastrointestinal symptoms related to medication usage. The clinical documentation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal disturbances related to medication usage. Therefore, the use of this medication is not supported. Additionally, the request as it is submitted does not contain a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Protonix 20 mg #60 is not medically necessary or appropriate.

**FLURIBIPROFEN 20%, TRAMADOL 20%, B. DEXAMETHORPHAN 10%, GABAPENTIN 10%, AMITRIPTYLINE 10%:** Upheld

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

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

**Decision rationale:** The requested Flurbiprofen 20%, Tramadol 20%, Dexamethorphan 10%, Gabapentin 10%, Amitriptyline 10% is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs unless the injured worker is not tolerant of oral formulations or when oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated for the patient. The clinical documentation does not provide any evidence that the injured worker cannot tolerate oral nonsteroidal anti-inflammatory drugs. California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this type of medication in a topical formulation. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address opioids, dexamethorphan or amitriptyline as topical analgesics. Peer reviewed literature does support the use of dexamethorphan as a topical analgesic in the treatment of chronic pain; however, peer reviewed literature does not support the use of opioids or antidepressants as topical analgesics as there are few scientific studies to support the efficacy and safety of these medications as topical analgesics. California Medical Treatment Utilization Schedule does not recommend the use of any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. Additionally, the request as it is submitted does not provide a frequency of treatment or body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flurbiprofen 20%, Tramadol 20%, Dexamethorphan 10%, Gabapentin 10%, and Amitriptyline 10% is not medically necessary or appropriate.

**URINE DRUG SCREEN:** 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 Drug Testing Page(s): 43.

**Decision rationale:** The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screens for injured workers who are at risk for aberrant behavior and are taking opioids to manage chronic pain. The clinical documentation does indicate that the injured worker is taking tramadol on a regular basis for chronic pain; however, a history of urine drug screens was not provided. A risk assessment to determine the injured worker's level of risk for aberrant behavior was not provided. There is no documentation that the injured worker is engaged in an opioid pain contract. The clinical documentation does not identify any symptoms of overuse or withdrawal. Therefore, the need for a urine drug screen is not clearly determined within the submitted documentation. As such, the requested urine drug screen is not medically necessary or appropriate.