

<b>Case Number:</b>	CM14-0015081		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/13/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 62 year old employee with date of injury of 8/13/2011. Medical records indicate the patient is undergoing treatment for right shoulder impingement syndrome with partial rotator cuff tear; lumbar discopathy/facet arthropathy; status post (s/p) right knee surgery times 2 with tear of the lateral meniscus and DJD and compensatory left knee pain/internal derangement. Subjective complaints include right shoulder tenderness, stiffness with restricted and painful range of motion. It is painful to lie down on the right. The patient complains of aching, numbness with tingling down the right side to include intermittent numbness and tingling down the right leg to the toes. There is pain in the right knee (s/p operation) with restricted motion. The left knee has tenderness with prolonged walking and standing. The patient does complain of suboccipital-type headache and migraines along with cervicalgia. Objective findings include right shoulder tenderness at the subacromial space and acromioclavicular joint with positive Hawkin's and impingement. There is tenderness on the lumbar spine at the lumbar paravertebral muscles and a positive seated nerve root test. There was dysesthesia at L5 and S1 dermatomes. There was pain with terminal motion on exam. The bilateral knees have tenderness at the knee joint line, pain with terminal flexion, crepitus and a positive patellar compression test. Treatment has consisted of Physiotherapy, PT, right knee immobilizer, Chiropractic care, Naproxen, Gabapentin, Omeprazole, Tramadol Hydrochloride and Mentherm gel. The utilization review determination was rendered on 1/28/2014 recommending non-certification of. Prescription of Cyclobenzaprine Hydrochloride Tablets 7.5mg, #120, Prescription of Tramadol Hydrochloride ER 150mg, #90 and Prescription of Mentherm Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Previous utilization reviews dating back to 1/4/13 non certified cyclobenzaprine and recommended against its long term use. Additionally, MTUS outlines that, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. 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 should 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 medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." The patient is also taking tramadol, along with cyclobenzaprine, which ODG recommends against. As such, the request for Cyclobenzaprine Hydrochloride Tablets 7.5mg, #120 is not medically necessary.

**PRESCRIPTION OF TRAMADOL HYDROCHLORIDE ER 150MG, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

**Decision rationale:** Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." There is not sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, there is no documentation regarding the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, improved quality of life and no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Tramadol Hydrochloride ER 150mg, #90 is not medically necessary.

**PRESCRIPTION OF MENTHODERM GEL:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams  
<http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-menthoderm>

**Decision rationale:** Menthoderm is the brand name version of a topical analgesic containing methyl salicylate and menthol. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC (over the counter) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." In this case, the treating physician does not document the failure of first line treatments. As such, the request for menthoderm gel is not medically necessary.