

<b>Case Number:</b>	CM14-0015822		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/14/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 is a 57-year-old female who has filed a claim for lumbar disc herniation L5-S1 with left-sided sciatica associated with an industrial injury date of March 14, 2006. Review of progress notes indicates neck pain, and low back pain radiating to the lower extremities up to the feet. Findings include sciatic irritation and decreased sensation along the L5 dermatome. Electrodiagnostic testing of the lower extremities dated June 02, 2009 showed bilateral S1 radiculopathy. MRI of the lumbar spine dated December 31, 2008 showed disc desiccation without disc bulge or neuroforaminal narrowing at L4-5 and L5-S1. Cervical MRI showed minimal right posterolateral ridging at C5-6 and C4-5 with mild right neuroforaminal narrowing. Treatment to date has included NSAIDs, muscle relaxants, Toradol injections, topical analgesics, physical therapy, chiropractic therapy, TENS, pool therapy, lumbar support, and opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURIFLEX 15/10% 180GM:** 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:** Fluriflex contains flurbiprofen 10% and cyclobenzaprine 10%. According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. There is no documentation regarding intolerance to or failure of conventional oral pain medications. The request for Fluriflex 15/10% 180gm was not medically necessary.

**APPTRIM #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (pain Chapter).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Medical foods. Other Medical Treatment Guideline or Medical Evidence: Physician Therapeutics AppTrim Product Information  
[http://ptloffice.com/downloads/marketing/AppTrim\\_Package\\_Insert\\_Sept\\_2012.pdf](http://ptloffice.com/downloads/marketing/AppTrim_Package_Insert_Sept_2012.pdf).

**Decision rationale:** The product information from Physician Therapeutics was used. AppTrim consists of L-Glutamic Acid, Choline Bitartrate, L-Histidine HCL, L-Tyrosine, L-Serine, Whey Protein Isolate (Milk), Griffonia Seed Extract, Cocoa Extract, Caffeine, and Grape Seed Extract. It is intended for the clinical nutritional management of the metabolic processes in patients with obesity, morbid obesity, and metabolic syndrome. According to ODG, medical foods are intended for the dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. Regarding choline, there is no known medical need for choline supplementation. Regarding glutamic acid, this is used to treat hypochlorhydria and achlorhydria. Regarding L-Serine, there is no indication for the use of this product. There is no recent documentation regarding the patient's body habits, presence of metabolic syndrome, digestive disorders, or nutritional deficiencies to support this request. Therefore, the request for AppTrim #120 was not medically necessary.

**GABAPENTIN 600MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIPILEPSY DRUGS (AEDS) Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. In this case, the patient presents with findings consistent with lumbar radiculopathy. There is no clear documentation of peripheral

neuropathy to support this request. The request for gabapentin 600mg #90 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**Decision rationale:** According to pages 76-78 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, There is no documentation regarding failure of non-opioid analgesics, goals of therapy, or baseline assessments to support the initiation of opioid therapy. Therefore, the request for tramadol ER 150mg #60 was not medically necessary.