

<b>Case Number:</b>	CM14-0128885		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	10/17/1994
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Tennessee. 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:

Patient is a 60-year-old female who has submitted a claim for lumbar disc displacement, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculopathy, status post lumbar spine fusion, rule out left hip osteoarthritis, anxiety, depression, and fibromyalgia associated with an industrial injury date of 10/17/1994. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity. Pain was rated 10/10 in severity and relieved to 8/10 upon intake of medications. Aggravating factors included activity and walking. Physical examination showed tenderness of the paracervical and paralumbar muscles. Range of motion of the lumbar spine was limited. Decreased motor strength was noted at the right lower extremity. Achilles reflexes were absent. Sensation was diminished at L5 to S1 dermatomes, right. Straight leg raise test at that right was positive. Treatment to date has included lumbar fusion and laminectomy, lumbar epidural steroid injection, and medications such as hydrocodone, Zanaflex, Cymbalta, Cyclobenzaprine, and Butrans patch. Utilization review from 8/11/2014 denied request for glucosamine because it was not recommended for her to back pain; denied Flurbiprofen because of lack of published studies concerning efficacy and safety; denied urine toxicology test because be sent urine drug screen from 6/12/2014 was consistent with the prescribed medications; and denied 2 prescriptions of Tramadol 150mg ER #90 because of lack of documentation concerning functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**unknown prescription of Glucosamine: Upheld**

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

**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, Glucosamine (and Chondroitin sulfate).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that compelling evidence exist that glucosamine may reduce the progression of knee osteoarthritis. While ODG recommends glucosamine and chondroitin sulfate as an option in patients with moderate arthritis pain, Cartivisc contains methylsulfonylmethane (MSM), which is not FDA approved. In this case, there was no prior use of glucosamine. Diagnosis includes rule out left hip osteoarthritis. However, the most recent progress reports failed to document subjective complaints and objective findings pertaining to the hip. The medical necessity cannot be established due to insufficient information. Moreover, quantity to be dispensed was not specified. Therefore, the request for glucosamine is not medically necessary.

**unknown prescription of Flurbiprofen:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of Flurbiprofen as topical formulation. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication is not guideline recommended. There is no discussion concerning need for variance from the guidelines. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Flurbiprofen is not medically necessary.

**1 UT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines it states that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, patient was initially on Vicodin and was later shifted into Butrans patch. Per utilization review, urine drug screen was performed on 6/12/2014 demonstrating consistent results with prescribed medications. However, there was no evidence of aberrant drug behavior for a repeat drug screen at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for urine drug screen is not medically necessary.

**2 prescriptions of Tramadol 150mg ER #90: 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 Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was initially on Vicodin and was later shifted into Butrans patch. Patient complained of unrelenting low back pain radiating to the lower extremity. However, medical records submitted and reviewed failed to provide rationale for prescribing tramadol. It is unclear if current treatment plan for tramadol is as adjuvant therapy or as a solitary opioid therapy. The medical necessity cannot be established due to insufficient information. Therefore, the request for 2 prescriptions of Tramadol 150mg ER #90 is not medically necessary.