

<b>Case Number:</b>	CM14-0173151		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/03/2003
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 77 year old male who had a work injury dated 2/3/03. The diagnoses include lumbar disc syndrome and thoracic spine sprain/strain. Under consideration are requests for TGHOT (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) 180gms; Tramadol ER 150mg #60; Cyclobenzaprine 5mg #60; Urine toxicology (DOS 7/14/14); and FlurFlex topical (Flurbiprofen/Cyclobenzaprine) 180 gms, refills x 2. There is one progress note for review dated 7/14/14. This states that the patient reports ongoing low back pain rated as 4 on a numerical pain scale of 1 to 10. The patient reports continued pain and stiffness of the back. On exam palpation elicits tenderness muscles bilaterally. There is evidence of the paralumbar spasm in the paralumbar muscles bilaterally. Lumbar spine range of motion is limited by pain at the end ranges. Strength testing is 5-/5 in the L3-S1 myotomes bilaterally. The treatment plan includes provided a prescription for refills of the following topical creams: TGHOT (Tramadol 8 % , Gabapentin 10%,Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 grams and FlurFlex(Flurbiprofen 10%, Cyclobenzaprine 10%) 180 grams, with two refills, to be applied as directed to areas of complaint, to reduce pain and decrease the need of oral medications. The patient is being provided a prescription for refill of the following medication to assist in reducing or aid in resolving the patient's signs and symptoms: Cyclobenzaprine 5 mg, 160 tablets, and one tablet at night for pain and spasms, with two refills. The patient is also being dispensed Tramadol ER 150 mg, 160 tablets, and one tablet daily for pain. The patient is to continue home-based exercise program. The patient is to undergo urine toxicology. The patient remains on permanent partial disability status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) 180gms: 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 Salicylate topical Page(s): 105 111-113.

**Decision rationale:** TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) 180gms is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend topical Gabapentin as there is no evidence in the literature to support the use of this medication. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines do not support topical Tramadol. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. The documentation does not indicate intolerance to oral medications. The documentation does not reveal evidence of functional improvement from prior use of TGHot. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) 180gms is not medically necessary.

**Tramadol ER 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Tramadol ER 150mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not include a risk assessment profile or signed pain contract. Without evidence of the above factors a request for Tramadol ER 150mg#60 is not medically necessary.

**Cyclobenzaprine 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 Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Cyclobenzaprine 5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine 5mg #60 is not medically necessary.

**10-panel random urine toxicology screening for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results, x1.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT)

**Decision rationale:** Urine toxicology (DOS 7/14/14) is not medically necessary per the MTUS and the ODG guidelines. The MTUS states that when initiating opioids a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation is not clear how many prior urine toxicology tests the patient has undergone prior to the 7/14/14. The documentation does not indicate evidence of high risk behaviors. Without this information the request for urine toxicology (DOS 7/14/14) is recommended non certified.