

<b>Case Number:</b>	CM14-0173848		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	05/17/1999
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 54 year young female with a date of injury 5/17/99. The diagnoses include myoligamentous strain of the cervical spine with radicular symptoms, inflammatory process of the right shoulder, right lateral epicondylitis, and inflammatory process of the right wrist, hypertension and anxiety/depression. The request for Tramadol/ACET 37.5/325 mg #60; Tizanidine 4 mg #60; Gabapentin/Acetyl-L-carnitine 250/125 mg #90; and Retrospective request for topical compound Flurbiprofen, Lidocaine, Menthol & Camphor with a dos 8/6/2014. Per documentation a PR-2 progress report from 9/17 /14 state that the patient has complains of moderate, frequent neck pain with spasms, right hand and wrist pain. On physical exam of the cervical spine there is decreased range of motion and tenderness with palpation. The right shoulder reveals decreased range of motion and tenderness to palpation. The right elbow reveals decreased range of motion and tenderness to palpation. The right wrist notes decreased range of motion and tenderness to palpation. The treatment plan is to discontinue Ultracet and prescribe Tramadol, Tizanidine, and Gabapentin/acetyl-1-carnitine, discontinue Terocin patches and dispense transdermal cream. There is a PR-2 document dated 8/6/14 that states that the patient has slight occasional neck pain with spasms. Exam findings of the cervical spine reveal decreased range of motion and tenderness with palpation. The right shoulder reveals decreased range of motion and tenderness to palpation. The right elbow reveals decreased range of motion and tenderness to palpation. The right wrist notes decreased range of motion and tenderness to palpation. The treatment plan states continue medications and Terocin patches. Refill Naproxen, Tramadol/acetaminophen, Tizanidine and Gabapentin/acetyl-1-carnitine, and genetic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/ACET 37.5/325 mg #60: 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 On-Going Management Page(s): 78-80.

**Decision rationale:** 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 submitted reveals that the patient has been on this medication without evidence of functional improvement or pain improvement. The request for Tramadol/ACET 37.5/325 mg #60 is not medically necessary.

**Tizanidine 4 mg #60: 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 Tizanidine (Zanaflex, generic available); Muscle relaxants (for pain) Page(s): 66; 63.

**Decision rationale:** Tizanidine 4mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic low back pain rather than acute. There is no evidence of functional improvement on prior Tizanidine therefore the request for Tizanidine 4mg # 60 is not medically necessary.

**Gabapentin/Acetyl-l-carnitine 250/125 mg #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 Gabapentin Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(chronic) Compound drugs Other Medical Treatment Guideline or Medical Evidence: <http://ods.od.nih.gov/factsheets/Carnitine-HealthProfessional>

**Decision rationale:** Gabapentin/Acetyl-L-carnitine 250/125 mg #90 is not medically necessary per the MTUS and the ODG guidelines. The guidelines state that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The ODG guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The documentation does not indicate functional improvement while on this medication. The NIH ODS guideline on the dietary supplement carnitine states that healthy children and adults do not need to consume carnitine from food or supplements, as the liver and kidneys produce sufficient amounts from the amino acids lysine and methionine to meet daily needs. The documentation does not indicate a nutritional deficiency that requires this compounded product therefore the request is not medically necessary.

**Retrospective request for topical compound Flurbiprofen, Lidocaine, Menthol & Camphor with dos 8/6/2014:** 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;methyl salicylate Page(s): 111-113; 105.

**Decision rationale:** Retrospective request for topical compound Flurbiprofen, Lidocaine, Menthol & Camphor with a dos 8/6/2014 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. 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 guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is not recommended by the MTUS. Therefore, the request for retrospective request for topical compound Flurbiprofen, Lidocaine, Menthol & Camphor with a dos 8/6/2014 is not medically necessary.