

<b>Case Number:</b>	CM14-0025255		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 70 year old female who sustained an injury on 12/14/11 when she tripped and fell injuring multiple body parts including the low back, right thigh, right leg, and right knee as well as the cervical spine. Prior treatment had included the use of anti-inflammatories as well as multiple sessions with a chiropractic therapist. The injured worker also received physical therapy for approximately 2 months, previously used a transcutaneous electrical nerve stimulation (TENS) unit and wore a back brace. The injured worker reported complaints of pain in multiple areas to include the neck, right shoulder, right wrist and hand, as well as the lumbar spine. On physical examination, some torticollis was identified in the cervical region with limited cervical range of motion. There was tenderness over the right shoulder at the acromioclavicular joint with associated swelling and tenderness to palpation and positive impingement signs were identified. In the lumbar spine, the injured worker had right paralumbar tenderness with an antalgic gait noted favoring the right lower extremity. Reflexes were decreased in the lower extremities with decreased sensation in an L4 through S1 distribution. Some mild motor weakness was identified in the lower extremities. The injured worker was noted to not be working at this evaluation. MRI studies of the cervical and lumbar spine as well as electrodiagnostic studies were recommended. The injured worker was referred for aquatic therapy and prescribed medications to include Diclofenac XR 100mg, Tramadol ER 150mg, Cyclobenzaprine 7.5mg, and transdermal compounded medications including Flurbiprofen, Cyclobenzaprine, Tramadol, Gabapentin, Menthol, and Camphor. A follow up on 01/20/14 noted continuing complaints of pain rating as high as 8/10 on the VAS. Physical examination findings did note continuing loss of range of motion and tenderness to palpation of the cervical and lumbar spine. Medications were continued at this visit. Follow up with [REDACTED] on 02/07/14 noted unchanged pain scores at 7-8/10 on the VAS. The injured worker's physical examination

findings remained unchanged with limited range of motion in the cervical spine and tenderness to palpation. For the right shoulder, the injured worker did have continuing positive impingement signs with loss of range of motion noted bilaterally. No motor weakness in the upper extremities was noted and reflexes were 2+ and symmetric. Diminished reflexes were reported to the right at the ankle and knee. Acupuncture and aquatic therapy were recommended as well as neurostimulation therapy. Topical medications were continued at this evaluation. The requested Apprim, compounded Gabapentin, Ketoprofen, and Lidocaine, compounded Amitriptyline and Tramadol ultra-cream, Tramadol ER 150mg, quantity 60, Cyclobenzaprine 7.5mg, quantity 60, and Diclofenac XR 100mg, quantity 30 were all denied by utilization review on an unspecified date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **APPTRIM: 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), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Medical Food.

**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.

**Decision rationale:** Apprim is considered a medical food utilized as an appetite suppressant for obesity management. There was no specific rationale noted in the provided clinical records to support the use of this medical food. There is no documentation regarding a nutritional consult or any indication that following recommended diets had failed. As such, this request is not medically necessary.

#### **GABAPENTIN/KETOPROFEN/LIDOCAINE: 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:** Topical compounded medications that include prescription oral medications are considered experimental and investigational in the current clinical literature due to the lack of documented efficacy regarding these compounded topical medications as compared to their oral counterparts. Guidelines do consider topical compounded medications as an option for the treatment of neuropathic pain that has failed all other conservative treatments to include 1st line medications such as anticonvulsants or antidepressants. The clinical documentation provided for review does not clearly describe any ongoing objective findings consistent with neuropathic pain. The injured worker's primary complaints are mostly of musculoskeletal origin. There was

also no documentation indicating that the injured worker had reasonably trialed oral anticonvulsants or antidepressants as 1st line medications in the treatment of neuropathic pain. As such, this this request is not medically necessary.

**AMITRAMADOL-DM ULTRACREAM: 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:** Topical compounded medications that include prescription oral medications are considered experimental and investigational in the current clinical literature due to the lack of documented efficacy regarding these compounded topical medications as compared to their oral counterparts. Guidelines do consider topical compounded medications as an option for the treatment of neuropathic pain that has failed all other conservative treatments to include 1st line medications such as anticonvulsants or antidepressants. The clinical documentation provided for review does not clearly describe any ongoing objective findings consistent with neuropathic pain. The injured worker's primary complaints are mostly of musculoskeletal origin. There was also no documentation indicating that the injured worker had reasonably trialed oral anticonvulsants or antidepressants as 1st line medications in the treatment of neuropathic pain. As such, this request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The clinical documentation provided for review did not identify any substantial functional benefit or pain reduction obtained with the use of this medication to support its ongoing use. Per guidelines, Tramadol can be considered as an option in the treatment of moderate to severe musculoskeletal pain. Guidelines do recommend that there be ongoing assessments identifying continuing functional improvement and/or pain reduction to warrant the ongoing use of this medication. As this was not clearly identified in the clinical records submitted for review, this request is not medically necessary.

**CYCLOBENZAPRINE 7.5 MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** Chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is not medically necessary.

**DICLOFENAC XR 100MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to a over-the-counter medication for pain and this request is not medically necessary.