

<b>Case Number:</b>	CM14-0030281		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/23/1991
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 76 year old male injured worker with date of injury of 7/23/91 has low back and bilateral lower extremity pain. Per progress report dated 1/28/14, the injured worker reported pain in the low back with aching feeling that radiated down both lower extremities with numbness and tingling. Per physical exam, L5 motor strength on the right was 4/5 with ankle dorsiflexion; great toe extension 4/5. Sensation was decreased on the left L2, L3, and L4. Imaging studies were not available in the documentation submitted for review. The documentation submitted for review does not state that physical therapy was utilized. Treatment to date has included SCS, and medication management. The date of UR decision was 2/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 12, 68.

**Decision rationale:** The MTUS CPMTG regarding chronic low back pain and NSAIDs states: Recommended as an option for short-term symptomatic relief. A Cochrane review of the

literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. The documentation submitted for review supports the use of NSAIDs for the injured worker's chronic low back pain. I respectfully disagree with the UR physician's assertion that the ongoing use of NSAIDs requires evidence of functional improvement, because the MTUS does not mandate that functional improvement needs to be documented to affirm the medical necessity of NSAIDs. The request is medically necessary.

**Tizanidine 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

**Decision rationale:** Per MTUS CPMTG p66 Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. The documentation submitted for review does not adequately address the severity of the injured worker's low back pain to support the use of this medication. Furthermore, the medical records submitted do not indicate the presence of spasm. The request is not medically necessary.

**Compound Tramadol 8%/Gabapentin 10%/Flurbiprofen 12%/Capsaicin 0.0375%/Cyclobenzaprine 2%/Lidocaine 5% topical ointment:** 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 Page(s): 25, 60, 105, 111-113.

**Decision rationale:** The MTUS is silent on the use of tramadol topically. However, note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per MTUS p113 with regard to topical gabapentin: Not recommended. There is no peer-reviewed literature to support use. Per MTUS with regard to Flurbiprofen (p112), (Biswal, 2006); these medications may be useful for chronic

musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Flurbiprofen may be indicated. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Per MTUS CPMTG page 113, there is no evidence for use of any other muscle relaxant as a topical product. Cyclobenzaprine is not indicated. Regarding topical lidocaine, MTUS states (p112) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo, (Scudds, 1995). The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. As multiple constituents of the compound are not recommended, the compound is not medically necessary.