

<b>Case Number:</b>	CM14-0041584		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/04/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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:

This is a 43 year-old female patient with a 3/4/2012 date of injury. The mechanism of injury is a slip and fall. On an exam dated 10/22/2013 the patient has persistent low back and lumbar pain. The patient has received some relief from physical therapy. A more recent report dated 12/3/2013 documents the patient having lower back pain that is constant, sharp and stabbing, and the pain gets worse with prolonged activity. The diagnostic impression is lumbar sprain and strain. Treatment to date: Physical therapy and medication management. A UR decision dated 3/13/2014 denied the requests for FBCGL Ointment (flurbiprofen/ baclofen/ cyclobenzaprine/ gabapentin/ lidocaine) and Tramadol ER 150mg BID Quantity-90. The rationale for denial is that the requests do not meet MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FBCGL OINTMENT (flurbiprofen/ baclofen/ cyclobenzaprine/ gabapentin/ lidocaine):**  
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): 25, 28, and 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, this ointment is a combination of flurbiprofen an NSAID, baclofen and cyclobenzaprine two muscle relaxants, gabapentin an anti-convulsant, and lidocaine a topical anesthetic. However, none of these ingredients are recommended for topical use. There is no specific rationale provided as to why the patient needs these medications despite lack of guidelines support. Therefore, the request for FBCGL (flurbiprofen/ baclofen/ cyclobenzaprine/ gabapentin/ lidocaine) ointment is not medically necessary.

**TRAMADOL ER 150MG, BID #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 Tramadol Page(s): 113, pg 78-81.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has the action of opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there were no signs of any functional improvement in the documentation or analgesia from the pain medication. In addition, the request is for twice daily dosing, but for 90 tablets, which would be an incorrect quantity for a 1 month supply. Therefore, the request for Tramadol ER 150mg BID quantity 90 was not medically necessary.