

<b>Case Number:</b>	CM14-0046459		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

Patient is a 44-year-old male who has submitted a claim for herniated disc of the cervical spine, cervical radiculitis, and herniated disc lumbosacral spine associated with an industrial injury date of 08/15/2007. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the right sacroiliac joint radiating to the right lower extremity, associated with numbness and tingling sensation. Physical examination showed tenderness at paraspinal muscles and painful range of motion. Faber's and Patrick's tests were positive. Tenderness at bilateral sacroiliac joint was also noted. Treatment to date has included lumbar epidural steroid injection, and medications such as Soma, Norco, Paxil, Ambien, gabapentin, Utilization review from 03/25/2014 denied the request for Norco 10/325mg, #240 and Ultram ER 150mg, #90 because of no significant functional improvement from its use; denied Paxil 20mg, #60 because long-term use was not recommended; denied Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 30gm, #1, Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 120gm, #1, and Cyclobenzaprine-Tramadol, #60 because of limited published studies concerning its efficacy and safety; and modified the request of EMG/NCV of lower extremities into EMG only because the guidelines did not recommend NCV for focal neurologic dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, #240 is not medically necessary.

**Paxil 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, there was no documented rationale for Paxil. Progress reports submitted for review failed to provide evidence that patient was suffering from depression secondary to chronic pain. The medical necessity cannot be established due to insufficient information. Therefore, the request for Paxil 20mg, #60 is not medically necessary.

**Ultram ER 150mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic Opioid Analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2012. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ultram ER 150mg, #90 is not medically necessary.

**Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 30gm, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Compound.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Capsaicin in a 0.0375% formulation is not recommended for topical applications. The guidelines do not address camphor. In this case, the compounded product was prescribed as adjuvant therapy to oral medications. However, it contains Flurbiprofen and capsaicin 0.0375% formulation that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 30gm, #1 is not medically necessary.

**Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 120gm, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Compound.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. Regarding the Menthol component, CA MTUS does not cite specific provisions, but

the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Capsaicin in a 0.0375% formulation is not recommended for topical applications. The guidelines do not address camphor. In this case, the compounded product was prescribed as adjuvant therapy to oral medications. However, it contains Flurbiprofen and capsaicin 0.0375% formulation that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 30gm, #1 is not medically necessary.

**EMG (Electromyography) of the Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Electromyography Testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of pain at the right sacroiliac joint radiating to the right lower extremity, associated with numbness and tingling sensation. Physical examination showed tenderness at paraspinal muscles and painful range of motion. Faber's and Patrick's tests were positive. Clinical manifestations are not consistent with radiculopathy, given the limited objective findings available for review. Moreover, EMG/NCV of bilateral lower extremities accomplished on 02/20/2014 was unremarkable. There is no clear indication for a repeat EMG at this time. Therefore, the request for electromyography (EMG) of the lower extremities is not medically necessary.

**NCS (Nerve Conduction Velocity Study of the Lower Extremities: 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), Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve

Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of pain at the right sacroiliac joint radiating to the right lower extremity, associated with numbness and tingling sensation. Physical examination showed tenderness at paraspinal muscles and painful range of motion. Faber's and Patrick's tests were positive. Clinical manifestations are not consistent with peripheral neuropathy, given the limited objective findings available for review. Moreover, EMG/NCV of bilateral lower extremities accomplished on 02/20/204 was unremarkable. There is no clear indication for a repeat NCV at this time. Therefore, the request for nerve conduction velocity (NCV) study of the lower extremities is not medically necessary.

**Cyclobenzaprine-Tramadol, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine has no evidence for use as a topical product. Tramadol is indicated for moderate to severe pain; however, the topical formulation of tramadol does not show consistent efficacy. In this case, the compounded product was prescribed as adjuvant therapy to oral medications. However, it contains cyclobenzaprine and tramadol that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Cyclobenzaprine-Tramadol, #60 is not medically necessary.