

<b>Case Number:</b>	CM14-0047047		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/28/2014
<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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review, indicate that this 47-year-old individual was reportedly injured on November 13, 2012. The mechanism of injury is not listed in reviewed records. The most recent progress note dated July 29, 2014, indicated that there were ongoing complaints of neck and low back pains and also indicating overall the injured employee is feeling better. Additionally, a maximum chiropractic care has been completed. The physical examination demonstrated improved range of motion of the lumbar spine and no specific neurological losses. Diagnostic imaging studies were not reviewed. Previous treatment included epidural steroid injections, chiropractic care and other conservative measures. A request had been made for multiple medications and was not certified in the pre-authorization process on March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Tramadol 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** MTUS treatment guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the clinical presentation and the lack of documentation of functional improvement with tramadol, the request is not considered medically necessary.

**Flurido A 30gm:** 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 Page(s): 111-113.

**Decision rationale:** As noted in the MTUS guidelines, topical analgesics are "largely experimental," and that "any single component, that contains one drug, that is not recommended, then the whole medication preparation is not recommended." There is little evidence to support the ongoing use of a topical muscle relaxant medication. Therefore, based on the clinical information presented for review, the medical necessity of this preparation has not been established.

**Ultraflex G 30gm:** 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 Page(s): 111-113.

**Decision rationale:** As noted in the MTUS guidelines, topical analgesics are "largely experimental," and that "any single component, that contains one drug, that is not recommended, then the whole medication preparation is not recommended." There is little evidence to support

the ongoing use of a topical muscle relaxant medication. Therefore, based on the clinical information presented for review, the medical necessity of this preparation has not been established.

**Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% 240gm:** 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 Page(s): 111-113.

**Decision rationale:** As noted in the MTUS guidelines, topical analgesics are "largely experimental," and that "any single component, that contains one drug, that is not recommended, then the whole medication preparation is not recommended." There is little evidence to support the ongoing use of a topical muscle relaxant medication. Therefore, based on the clinical information presented for review, the medical necessity of this preparation has not been established.

**Amitriptyline/Dextromethorphan/Gabapentin 10/10/10% 240gm:** 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 Page(s): 111-113.

**Decision rationale:** As noted in the MTUS guidelines, topical analgesics are "largely experimental," and that "any single component, that contains one drug, that is not recommended, then the whole preparation is not recommended." There is little evidence to support the ongoing use of a topical muscle relaxant medication. Therefore, based on the clinical information presented for review, the medical necessity of this preparation has not been established.

**IF Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines IF. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** MTUS guidelines do not support interferential unit (IF) therapy as an isolated intervention. Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review, of the available medical

records, failed to document any of the criteria required for an IF Unit one-month trial. As such, this request is not medically necessary.

**Internal Medicine Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) independent medical examinations and consultations, page 127.

**Decision rationale:** When noting the date of injury, the injury sustained, the findings on physical examination augmented by the pathology noted on imaging studies and other evaluations there is no data presented to suggest that there is an uncertain diagnosis or extremely complex situation. As such, the basis for seeking internal medicine consultation is not presented in the records reviewed. Therefore, this is not medically necessary.

**Acupuncture 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** Acupuncture is supported by the MTUS. However, the indication for acupuncture or when there is a decrease in pain medication being used or not tolerated. Neither of these parameters is noted to exist in progress notes reviewed. As such, the medical necessity for this intervention has not been established.