

<b>Case Number:</b>	CM14-0049061		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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:

The patient is a 48-year-old male who has submitted a claim for cervical discopathy, bilateral upper extremity overuse tendinopathy, lumbar sprain / strain, anxiety and depression, and gastrointestinal disturbance associated with an industrial injury date of 12/5/09. Medical records from 2013-2014 were reviewed. The patient complained of bilateral wrist pain with numbness, graded 8/10 at left and 4/10 at right. The patient likewise reported bilateral knee pain, graded 8/10, right worse than left. Physical examination showed diffused arm tenderness, positive Tinel's and Phalen's signs, dysesthesia, and weakness of wrist muscles graded 4/5. Range of motion of bilateral elbow and wrist was restricted. Treatment to date has included right carpal tunnel release, physical therapy, and medications such as hydrocodone, tramadol, and alprazolam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60, one p.o. q4-6H p.r.n. 2 refills:** 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 Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are four domains 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 tramadol since November 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The MTUS guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.

**Xanax 1 mg #30 one p.o.q.d. with two refills:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic use of benzodiazepines is the treatment of choice in very few conditions. In this case, patient has been on Xanax since January 2014 for insomnia. However, it is not recommended for long-term use as stated by the guidelines. Moreover, there was no discussion concerning sleep hygiene. The medical necessity has not been established. Therefore, the request is not medically necessary.

**Fluriflex (Flurbiprofen/Cyclobenzaprine 15/10%) cream 180 gm apply to affected area twice daily:** 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): 111-113.

**Decision rationale:** Fluriflex contains flurbiprofen 15% and cyclobenzaprine 10%. According to the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Therefore, the request is not medically necessary.

**TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/.05% cream 180 gm to be applied to affected area twice daily:** 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 Capsaicin; Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. The topical formulation of tramadol does not show consistent efficacy. The compound gabapentin is not supported by the guidelines. Regarding Menthol, the California MTUS does not cite specific provisions, but the Official Disability Guidelines Pain Chapter states that the FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address camphor. The California 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. In this case, TGHOT was prescribed as adjuvant therapy to oral medications. However, it contains tramadol and gabapentin 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 is not medically necessary.

**Retrospective urinalysis:** Overturned

**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 Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to four times a year. In this case, the current treatment regimen includes hydrocodone, tramadol, and alprazolam. A urine drug screen from 1/9/14 showed inconsistent results with prescribed medications. The medical necessity for a repeat urinalysis has been established to assess patient compliance and to rule out possible aberrant drug behavior. Therefore, the request is medically necessary.