

<b>Case Number:</b>	CM14-0053080		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/17/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Neurology has a subspecialty in Neurmuscular Medecine and is licensed to practice in New Jersey. 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 59-year-old man who sustained a work related injury on January 17, 2009. Subsequently, he developed low back and neck pain. Based on the progress report dated March 12, 2014, the patient has been complaining of aching pain in the neck and low back that he rates as 5-6/10. He also developed aching pain in the bilateral leg and knee, secondary to his antalgic gait, which he rates as 8/10. He states that the transdermal medications are extremely effective for his cervical and lumbar spine region. His physical examination revealed tenderness of the cervical paraspinal musculature. The patient was neurologically intact. Cervical range of motion was restricted. There was a positive Phalen's and Tinel's sign at the wrists. There was decreased sensation in the median nerve distribution. Examination of the lumbar spine revealed tenderness to palpation with decreased range of motion. There was weakness noted in the lower extremities bilateral. The patient has been taking Lisinopril, HCTZ, Latanoprost eye drop, Cosopt eye drop, Norco, Pantoprazole, NSAIDS occasionally, and transdermal creams occasionally. The urinalysis report dated January 15, 2014 was positive for Hydrocodone (prescribed), and Ranitidine (not reported prescribed). The patient was diagnosed with multilevel cervical disc protrusions with central canal stenosis and neural foraminal stenosis, bilateral C6 radiculopathy secondary to C5-6 foraminal stenosis, probable prior chronic right C7 radiculopathy associated with cervical spondylosis, moderate left median neuropathy at wrist, moderate left ulnar neuropathy at the elbow, residuals of right carpal tunnel syndrome, status post carpal tunnel release surgery, chronic right ulnar neuropathy at the elbow, status post ulnar transportation, and multilevel lumbar disc protrusions with neural foraminal stenosis and L5-S1 Spondylolisthesis, The provider requested authorization for Hydrocodone/APAP, Flubiprofen 15%, Cyclobenzaprine 10% cream, TGHOT cream, and App Trim 2 caps.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines < Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of functional and pain improvement with previous use of Hydrocodone. There is no documentation of continuous compliance of patient to his medications. Therefore, the prescription of Hydrocodone/APAP 10/325 mg #60 is not medically necessary.

**Flurbiprofen 15%, Cyclobenzaprine 10% 180 grams cream #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of back and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, Flubiprofen/ Cyclobenzaprine 15/10% cream is not medically necessary.

**TGHot cream 180 gram #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

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

**Decision rationale:** TGhot is a topical analgesic formed by Tramadol, Gabapentin, Menthol and Camphor cream. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not approved for transdermal use. There is no proven efficacy of transdermal Tramadol. Based on the above, the use of TGhot is not medically necessary.

**App Trim 2 caps twice daily for 2 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical food; (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Medicalfood>).

**Decision rationale:** There are no controlled studies supporting the safety and efficacy for the use of AppTrim for the treatment of obesity. Furthermore, there no documentation that the patient suffered from a nutrition deficit that requires the use of AppTrim. Based on the above, the prescription of AppTrim 2 caps is not medically necessary.