

<b>Case Number:</b>	CM14-0056754		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 individual is a 27 y/o male who has developed persistent low back and left knee pain subsequent to an MVA dated 6/29/13. He has been diagnosed with a possible internal derangement of the left knee, however MRI studies of the knee were negative. He is also diagnosed with persistent low back pain which has a radicular component with leg radiation. MRI studies are consistent with possible nerve root compression at the L4-5 and/or L5-S1 levels. The records do not document any details regarding the benefits or frequency of medication (opioid) use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg, #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 76-82. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines has very specific standards for the responsible prescribing of long term opioid medications. These standards include a risk assessment, specific documentation of use patterns, specific documentation of pain relief from the medication and quantified documentation of functional improvements from the medication. In the records reviewed none of these standards have been met. Additional documentation could meet Guideline standards in the future. However, under the current circumstances, the Tramadol/APAP is not supported by Guidelines and the Tramadol/APAP 37.5mg/325mg. #100 is not medically necessary.

**Cyclobenzaprine 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Skeletal Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** MTUS Guidelines specifically address the issue of Cyclobenzaprine as a muscle relaxant and do not recommend its daily chronic use. There are no unusual circumstances to justify an exception to Guidelines. The Cyclobenzaprine 7.5mg #60 is not medically necessary.

**FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10% Cream):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** MTUS Guidelines specifically state that if an ingredient in a topical compound is not Guideline recommended the compound is not recommended. Guidelines specifically state that topical muscle relaxants are not recommended. The Fluriflex (Flubiprophen/Cyclobenzaprine 15%/10%) is not Guideline supported and is not medically necessary.

**TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/.05%) Cream:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** MTUS Guidelines specifically state that if an ingredient in a topical compound is not Guideline recommended the compound is not recommended. Tramadol and Gabapentin are not recommended for topical use. This compound is not Guideline supported and there are no unusual circumstances to justify an exception. The TG Hot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/.05%) Cream is not medically necessary.