

<b>Case Number:</b>	CM14-0071162		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 57 year old male that injured his lumbar spine pushing a heavy item with date of injury 8/14/13. The treating physician report dated 4/10/14 indicates that the patient presents with back pain and stiffness. The patient reports that the medications are making him depressed; it may be the Norco and they are awaiting authorization for back surgery. The examination findings reveal muscle spasms, decreased lumbar range of motion, + SLR on the left, sensation is reduced in the left S1 dermatomal distribution and the EHL and ankle plantar flexors are 4/5. MRI report dated 9/18/13 revealed disc desiccation and protrusion at L5/S1. The current diagnosis is lumbar radiculopathy. The utilization review report dated 5/2/1 denied the request for Medrox ointment, Cyclobenzaprine, Hydrocodone (Norco 3/325 #60, Tramadol and Voltaren gel based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox pain relief ointment with 2 refills:** Upheld

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

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

**Decision rationale:** The patient presents with chronic back pain with radiculopathy affecting the left leg. The current request is for Medrox pain relief ointment with 2 refills. The treating physician has prescribed Medrox Pain Relief Ointment which is a compound topical analgesic with active ingredients of Methyl Salicylate 20%, Menthol 5% and Capsaicin .0375%. The MTUS guidelines do not support the usage of topical NSAIDs for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with lower back pain with radiculopathy for which topical NSAID is not indicated therefore Medrox pain relief ointment with 2 refills is not medically necessary.

**Cyclobenzaprine HCL 10mg tablets #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain Page(s): 63-66.

**Decision rationale:** The patient presents with chronic back pain with radiculopathy affecting the left leg. The current request is for Cyclobenzaprine HCL 10mg tablets #60. In review of the 121 pages of medical records provided the patient has been prescribed since 1/30/14. The MTUS guidelines support the usage of Cyclobenzaprine (Flexeril) for a short course of therapy, not longer than 2-3 weeks. MTUS is very specific that Cyclobenzaprine is only to be used for a short course of treatment and there is no compelling documentation from the treating physician to supercede the MTUS recommendations therefore Cyclobenzaprine HCL 10mg tablets #60 is not medically necessary.

**Hydrocodone (Norco 5-325mg) #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids: Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with chronic back pain with radiculopathy affecting the left leg. The current request is for Hydrocodone (Norco 5-325mg) #60. The patient was initially prescribed Norco in the 1/30/14 report and the only documentation regarding the effectiveness of the Norco is reported on 4/10/14 which states, There has been no significant improvement since the last exam. The patient states the medications are making him depressed; it may be the Norco. There is no pain scale reported regarding the patient's pain and there is no documentation of any functional improvement in the reports reviewed. MTUS pages 88, 89 states document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under outcome measures, documentation of average pain level, time it takes for

medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The documentation provided is inadequate to show medication efficacy and the treater has failed to meet the MTUS guidelines therefore Hydrocodone (Norco 5-325mg) #60 is not medically necessary.

**Voltaren 1% gel #300:** Upheld

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

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

**Decision rationale:** The patient presents with chronic back pain with radiculopathy affecting the left leg. The current request is for Voltaren 1% gel #300. Voltaren gel is a NSAID used for the relief of joint pain for osteoarthritis in the knees, ankles, feet, elbows, wrists and hands. The MTUS Guidelines are specific that topical NSAIDS are for, Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. MTUS does not support the usage of Voltaren cream for treatment of the spine or radiculopathy therefore Voltaren 1% gel #300 is not medically necessary.

**Tramadol HCL 50mg tablet #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids: Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL, MTUS, Opioids for neuropathic pain MTUS, On Tramadol (MTUS Tramadol (Ultram; Ultram ER; Page(s): 80, 82, 84, 93, 94.

**Decision rationale:** The patient presents with chronic back pain with radiculopathy affecting the left leg. The current request is for Tramadol HCL 50mg tablet #60 with 2 refills. The patient was initially prescribed Tramadol on 1/30/14. The 3/26/14 report does not discuss Tramadol usage or effectiveness. The 4/10/14 report states that no significant improvement in back pain is noted and the patients back pain has worsened. There is no documentation of the patients pain levels with or without medications. There is no documentation of any functional improvement while taking Tramadol. The treater in this case also states: We will await authorization for his back surgery. The MTUS guidelines support the usage of Tramadol and states: Tramadol is indicated for moderate to severe pain. MTUS goes on to state on page 60 that the treating physician is to provide information regarding the patient's pain and function and medications should show effects in 1-3 days. In this case the treating physician has failed to document the effectiveness of Tramadol for this patient and no rationale is provided to support continued usage therefore Tramadol HCL 50mg tablet #60 is not medically necessary.