

<b>Case Number:</b>	CM14-0077599		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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, and is licensed to practice in Texas. 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 injured worker is a 62 year-old female who was employed as a seamstress. It is reported that on 01/04/2003 she was at work when she was asked to retrieve a large roll of fabric. As she was pulling the roll of fabric she lost her grip and fell backwards. She is reported to have struck her neck and the fabric roll fell on top of her. She subsequently has complaints of neck, low back and bilateral knee pain. She is noted to have received physical therapy and returned to work. However, she is reported to have developed global widespread pain which is increased in severity. She was later seen by a rheumatologist and was diagnosed with fibromyalgia. Her current complaints include global pain, neck pain, low back pain, bilateral shoulder pain, bilateral wrist and hand pain, depression, abdominal pain and diarrhea. She is noted to be status post right knee surgery performed on 11/15/2010. Most recent clinical notes note that she has a depressed affect and appears older than her stated age. She is noted to have an antalgic gait and ambulates with the use of a cane. On physical examination there is diffuse muscle guarding and tenderness. Axial head compression is reported to be positive. Shoulder range of motion is symmetric but reduced. There is bilateral supraspinatus tendon tenderness. There is positive impingement sign bilaterally. Reflexes in the upper extremities are 2+. There is no noted sensory deficit. Upper extremity motor strength is graded as 4/5 globally. On examination of the lumbar spine there is diffuse muscle guarding and tenderness. There is bilateral facet joint tenderness. There is tenderness at the piriformis bilaterally. Straight leg raising is reported to be positive bilaterally. Reflexes are 1+ and symmetric in the lower extremities. Motor strength is graded as 4/5 globally in the lower extremities. There is a right knee effusion with a positive McMurray's sign. The record contains a utilization review determination dated 05/07/14 in which requests for Fexmid 7.5 mg #60, urine toxicology screening, unknown prescription of flurbiprofen, tramadol topical cream and unknown prescription of trepadone were denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg, quantity #60:** Upheld

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

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

**Decision rationale:** The submitted clinical records indicate that the injured worker has chronic pain secondary to a workplace event occurring on 01/04/2003. The injured worker has chronically been maintained on oral medications since this event. Most recent physical examination dated 06/18/2014 shows no evidence of active myospasm for which this medication would be clinically indicated. It is further noted that the guidelines do not support the use of muscle relaxants in the treatment of chronic pain. As such, this request is considered not medically necessary.

**Urine toxicology screening:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate that the injured worker is on multiple medications. The performance of urine toxicology screen is required under the guidelines to assess the compliance to a pharmacological treatment program. Therefore this request is medically necessary.

**Unknown prescription of Flurbiprofen, Tramadol topical cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded Medications.

**Decision rationale:** The ODG does not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains; flurbiprofen

and tramadol which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary. Therefore, this request is considered not medically necessary.

**Unknown prescription of Trepadone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Pain, Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Foods.

**Decision rationale:** Trepadone is a medical food. Per evidence based guidelines, both the safety and efficacy of medical foods have not been established in clinical trials and therefore cannot be supported; therefore this request is considered as not medically necessary.