

<b>Case Number:</b>	CM14-0078433		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Physical Medicine & Rehabilitation, 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 injured worker is a 52-year-old male with a reported injury on 11/26/2012. The mechanism of injury was not provided. The diagnoses consisted of low back pain with left lower extremity radiculopathy, displacement of lumbar intervertebral disc, lumbar degenerative disc disease, lumbar facet hypertrophy syndrome, and myalgia. The injured worker has had previous treatments of acupuncture, chiropractic therapy, epidural steroid injections, and physical therapy. The injured worker was having acupuncture therapy. The epidural steroid injections provided some relief and decreased pain from 7/10 to 6/10 to his back but there was no relief of his leg pain. The injured worker had an examination on 05/06/2014 with complaints of neck pain that was moderate and constant. The injured worker did not complain of radiation and there was some improvement. He also complained of lower back pain that was severe and constant and there was no improvement. A urinalysis was performed on 03/25/2014 which was negative for all medications; the results were inconsistent with the injured worker's medication regimen. The medication list was not provided. The plan of treatment was not provided. The request for authorization and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Tramadol 50mg:** Upheld

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

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

**Decision rationale:** The request for 90 tablets of tramadol 50 mg is non-certified. The injured worker has a history of back pain complaints. He has had acupuncture still ongoing and chiropractic therapy, physical therapy, and a series of epidural injections. The California MTUS Guidelines recommend ongoing documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There is no documentation indicating the injured worker reported side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. A urinalysis was performed on 03/25/2014 which was negative for all medications; the results were inconsistent with the injured worker's medication regimen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the tramadol 50 mg is non-certified.

**180 Grams of Fluriflex:** Upheld

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

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

**Decision rationale:** The 180 grams of Fluriflex is non-certified. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. Fluriflex is comprised of flurbiprofen and cyclobenzaprine. The California MTUS guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment 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 and use with neuropathic pain is not recommended as there is no evidence to support use. Cyclobenzaprine is a muscle relaxant and the California MTUS guidelines state there is no evidence for the use of any other muscle relaxant as a topical product. The injured worker has back pain with radiculopathy. There is no indication the injured worker has osteoarthritis or tendinitis to a joint that is amenable to topical treatment. The guidelines do not recommend the use of muscle relaxants for topical application. As the guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended, the medication would not be indicated. The request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. Therefore, the request for the Fluriflex is non-certified.