

<b>Case Number:</b>	CM14-0086533		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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:

The patient is a 39-year-old male who has submitted a claim for cervical and lumbar strain associated with an industrial injury date of October 24, 2012. Medical records from 2013 to 2014 were reviewed. Patient complained of persistent neck pain rated at 8 out of 10. Patient also complained of low back pain rated at 5 out of 10. Physical examination of the cervical spine revealed slight decreased range of motion. Tenderness was noted over the paraspinal and trapezius muscles. Examination of the lumbar spine revealed slight decreased range of motion with tenderness over the paraspinal muscles. Straight leg raise test was positive on the left. Treatment to date has included oral medications, physical therapy, activity modifications and home exercise program. A utilization review from May 15, 2014 modified the request for Tramadol 50mg, #60 for a taper off over one month. The documentation submitted did not specify reasons for denial/modification for Ambien 5mg #30 and Flurbiprofen/Cyclobenzaprine/Menthol Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**Decision rationale:** According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since at least January 2014. There was no documented evidence of pain relief and functional improvement from the medication. In addition, specific measures of analgesia and improvements in activities of daily living were not documented. There was also no documentation of adverse effects. Urinary drug screening results were not documented. MTUS Guidelines require clear and concise documentation for ongoing management. Medical necessity has not been established. Therefore, the request for Tramadol 50mg, #60 is not medically necessary.

**Ambien 5mg #30:** Upheld

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

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

**Decision rationale:** Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient has been taking Ambien for insomnia since at least January 2014, which is clearly beyond the recommended duration of use. The patient reports improvement in sleep from use of medication. However, there was no compelling indication concerning the need for variance from the guidelines. Therefore, the request for Ambien 5mg #30 is not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Menthol Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN SECTION, TOPICAL SALICYLATES.

**Decision rationale:** As indicated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Guidelines state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient was prescribed the topical analgesic on March 11, 2014. However, according to the submitted medical records, the patient reported no symptoms of intolerance to current oral analgesic medication to support the need for topical cream use. Moreover, the compounded product contains Flurbiprofen and cyclobenzaprine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Flurbiprofen/Cyclobenzaprine/Menthol Cream is not medically necessary.