

<b>Case Number:</b>	CM13-0048498		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 33 year old male sustained a work related injury on 02/12/2013. The mechanism of injury was not made known. One progress report was submitted for review, dated 09/25/2013 and noted that the injured worker continued to have chronic pain in the neck and low back with numbness involving the right hip and posterior thigh. According to the provider, medications were helping his symptoms. The injured worker did not appear to be in acute distress while sitting on the examination table. There was some decreased range of motion of the cervical and lumbar spine secondary to pain. There was positive lumbar tenderness and paraspinous muscle spasming. Sensation was intact in all dermatomes of the lower extremities. Reflexes were 2+ in the knees, 1+ in the ankles, bilaterally symmetric. Babinski sign was absent. There was no evidence of clonus. According to the provider a comprehensive metabolic panel dated 09/24/2013 was within normal limits with the exception of an elevated alanine transaminase (ALT) at 51. A urine drug screen test performed on 08/29/2013 was consistent with treatment. Diagnoses included chronic low back pain, lumbar neuritis and possible disc herniation. Plan of care included continue chiropractic care, continue tramadol, hydrocodone, Voltaren and Flurbiprofen and Lidocaine cream. A prescription for Flexeril was given. Other medications included Protonix, increase Gabapentin and add Doral. A comprehensive metabolic panel was to be obtained due to some abnormalities. Laboratory results were not submitted for review. On 10/22/2013, Utilization Review non-certified Flurbiprofen 20%, Lidocaine 2% cream 30 gram, Tramadol ER 150mg and Flexeril 7.5mg that was requested on 10/16/2013. According to the Utilization Review physician in regards to the request for topical cream, it was not indicated that oral pain medications were insufficient to alleviate symptoms. There is no clear evidence of efficacy with use of topics non-steroidal anti-inflammatory medications. There were no failed trials of antidepressants and anticonvulsants. Topical lidocaine is recommended only after failed trials of first line therapy. In

regards to tramadol there was no documentation of a risk assessment profile, attempt at weaning/tapering and an updated and signed pain contract between the provider and the claimant as mandated by MTUS guidelines. In regards to Flexeril, MTUS guidelines supports short-term use of muscle relaxants as a second-line option in management of acute pain and acute exacerbation of chronic pain. The muscle relaxant was apparently being utilized for long term treatment and the documentation did not identify acute pain and/or exacerbation of chronic pain. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **FLURBIPROFEN 20%, LIDOCAINE 2% CREAM 30 GRAM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. Medical necessity for the chronic use of topical flurbiprofen and lidocaine has not been established for this injured worker. The request for MEDS X 2 Flurbiprofen 20%, Lidocaine 2% Cream 30 GRAM is determined to not be medically necessary.

#### **TRAMADOL ER 150MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side

effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not clear that the injured worker is experiencing significant pain reduction with objective functional improvement as a result of the use of tramadol. Medical necessity for the chronic use of opioid pain medications has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MEDS X 2 Tramadol ER 150MG is determined to not be medically necessary.

**FLEXERIL 7.5:** 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 Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for MEDS X 2 Flexeril 7.5 is determined to not be medically necessary.