

<b>Case Number:</b>	CM14-0120153		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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, 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 52 year old female with an injury date of 03/03/14. Based on the progress report dated 06/17/14, the patient complains of moderate to severe neck pain that radiates to bilateral shoulder blades and down to the upper back. The patient is also experiencing occasional numbness in hands and fingers. Physical examination reveals tenderness along paravertebral muscles, lateral epicondyle on the right elbow and forearm, and L4 and L5 spinal processes. There are muscle spasms in the gluteus. Straight leg raise is positive bilaterally. Another progress report dated 06/17/14 (not very legible) rates the neck pain as 5-8/10, the lumbar pain as 6-8/10, right elbow pain as 5-8/10, right ankle pain as 5-8/10, and right knee pain as 6-7/10. Activities of daily living worsen her pain. Physical examination reveals pain on restricted dorsiflexion of the wrists with the elbows in full extension. Patellar grinding of the knee is positive on the right. As per progress report dated 06/18/14, the patient has 21% whole person impairment. Medications, as per progress report dated 06/17/14, include Naproxen, Tramadol, and Cyclobenzaprine/ketoprofen/lidocaine cream. The treating physician is also requesting for an IF unit and a tennis elbow brace, as per the same report. The patient has also received Ibuprofen and Toradol injection for pain, as per progress report dated 03/14/14. The patient has been allowed to return to modified work, as per progress report dated 06/17/14. X-ray of the Cervical Spine dated 06/18/14, revealed mild reversal of cervical lordosis at C5; Degenerative marginal osteophytes off anterior inferior endplates at C5 and C6; degenerative osteosclerosis of inferior endplates at C5 and C6 and superior endplates at C6 and C7 with narrowing of intervertebral disc spaces at C5-C6 and C6-C7. X-ray of the lumbar spine dated 06/18/14, revealed degenerative marginal endplate osteophytes off bilateral superior inferior L3 L4, anterior superior L1, L4, L5, and anterior inferior T12 through L5 vertebra. X-ray of the right knee dated 06/18/14, revealed

degenerative marginal osteophytes off the medial femoral condyle, bilateral tibial plateau, and posterior aspect of the patellar upper and lower poles; degenerative medial knee compartment joint space narrowing; and lateral subluxation of the patella with respect to the femur. X-ray of the right ankle dated 06/18/14, revealed degenerative plantar and Achilles tendon calcaneal heel spurs. Diagnoses as of 06/17/14 includes right tennis elbow; cervical sprain/strain; lumbar sprain/strain; right knee sprain/strain; and right ankle sprain/strain. The treating physician is requesting for (a) tramadol 50 mg, # 30 (1 x daily) (b) cyclobenzaprine, keto lidocaine cream. The utilization review determination being challenged is dated 07/02/14. The rationale follows: (a) tramadol 50 mg, # 30 (1 x daily) - "There is lack of a comprehensive report describing failure of first-line agents." (b) Cyclobenzaprine, keto lidocaine cream - "...guidelines do not consistently support lidocaine or anti-inflammatories for topical applications." Treatment reports were provided from 03/10/14 - 09/08/14.

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

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

**Cyclobenzaprine, keto lidocaine cream.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams; Topical Analgesics Page(s): 29; 111, 113.

**Decision rationale:** The patient presents with moderate to severe neck pain radiating to bilateral shoulder blades and upper back along with occasional numbness in hands and fingers, per progress report dated 06/17/14. The request is for cyclobenzaprine, keto lidocaine cream. The pain is rated at 5-8/10, per another report with the same date. The MTUS guidelines, pages 111-112, do not support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs), such as Ketoprofen for axial spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The guidelines also state that there is no evidence for use of any other muscle relaxant, such as cyclobenzaprine, as a topical product. Regarding Capsaicin, MTUS guidelines, page 29, state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The first prescription for this topical cream was seen in progress report dated 06/17/14. The treating physician does not discuss why this particular formulation will help patient manage her pain. This cream contains cyclobenzaprine, Ketoprofen and lidocaine. All these three drugs are not recommended for topical application. The guidelines also state that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, this request is not medically necessary.

**Tramadol 50mg, #30.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89; 76-78.

**Decision rationale:** The patient presents with moderate to severe neck pain radiating to bilateral shoulder blades and upper back along with occasional numbness in hands and fingers, as per progress report dated 06/17/14. The request is for Tramadol 50mg, # 30 (1 x daily). The pain is rated at 5-8/10, as per another report with the same date. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities daily livings (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case, a prescription for Tramadol was first noted in progress report dated 06/17/14. The treating physician does not discuss the need. However, there are no indications in the available progress reports that reflect prior use of opioids. Given the X-ray findings and the patient's severe pain, a trial of Tramadol appears reasonable. Subsequent usage will depend on the improvement in pain and function, appropriate use, and absence of side effects and aberrant behavior. Therefore, this request is medically necessary.