

<b>Case Number:</b>	CM14-0073670		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old woman sustained an industrial injury on 9/13/2012. The mechanism of injury was not detailed. Current diagnoses include herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, right sacroiliitis, and facet arthropathy. Treatment included oral medications, a cane, sacroiliac joint injections, 15 chiropractic visits, toradol injection, and pain management consultation. Physician notes dated 3/13/2014 show complaints of low back pain, right groin pain, and right sacroiliac joint pain rated 10/10. Recommendations include the medications in dispute, mesh back support, orthopedic follow up, eight physical therapy visits, lumbosacral corset, and toradol injection that was administered in the office on the day of visit. On 4/22/2014, Utilization Review evaluated prescriptions for LidoPro topical ointment 4 oz., Cyclobenzaprine 7.5 mg #30, and Tramadol 50 mg #45; that was submitted on 5/20/2014. The UR physician noted the following: regarding LidoPro, there is no documentation of failed first line recommendations. Regarding Cyclobenzaprine, long term use is not recommended, however, a modified amount is allowed for weaning. Regarding Tramadol, there is no documentation of current urine drug testing, risk assessment profile, attempt at weaning, and updated signed pain contract that were requested on a previous review dated 9/18/2013. The MTUS, ACOEM Guidelines (or ODG) was cited. The request for Cyclobenzaprine was modified while the requests for LidoPro and Tramadol were denied and all were subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro topical ointment 4oz:** Upheld

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

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

**Decision rationale:** This patient presents with low back, right groin and right SI joint pain. The treater is requesting LIDOPRO TOPICAL OINTMENT 4 OUNCES. The RFA from 03/13/2014 shows a request for Lidopro topical ointment 4 ounces. The patient's date of injury is from 09/13/2012 and her current work status is TTD. The MTUS guidelines page 111 to 113 states for topical analgesics, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS further states that for lidocaine, no other commercially approved topical formulations whether creams, lotions or gels are indicated for neuropathic pain. The records show that the patient was prescribed Lidopro on 01/31/2014. LidoPro is a compounded ointment containing capsaicin 0.0325%, lidocaine HCL 4%, menthol 10%, and methyl salicylate 27.5%. In this case, the guidelines do not support lidocaine in other formulations other than in patch form. The request IS NOT medically necessary.

**Cyclobenzaprine 7.5mg Qty 20:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant ( for Pain).

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

**Decision rationale:** This patient presents with low back, right groin and right SI joint pain. The treater is requesting CYCLOBENZAPRINE 7.5 MG QUANTITY 20. The RFA from 03/13/2014 shows a request for cyclobenzaprine 7.5 mg tablet. The patient's date of injury is from 09/13/2012 and her current work status is TTD. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline-. This medication is not recommended to be used for longer than 2 to 3 weeks. The records do not show a history of cyclobenzaprine use. The 03/13/2014 report shows that the patient had a really bad flare-up in the last three weeks. The patient reports muscle cramps in her back. She continues to have difficulty walking and uses a cane for ambulation. The treater is prescribing Flexeril as needed for severe spasms. In this case, given a recent flare-up of symptoms, a short course of cyclobenzaprine is appropriate. The request IS medically necessary.

**Tramadol 50mg Qty 45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with low back, right groin and right SI joint pain. The treater is requesting TRAMADOL 50 MG QUANTITY 45. The RFA from 03/13/2014 shows a request for Tramadol 50 mg #45. The patient's date of injury is from 09/13/2012 and her current work status is TTD. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The record shows that the patient was prescribed tramadol prior to 03/13/2014. The 03/13/2014 report notes that the patient's current pain level is 10 over 10. The patient states that her medications help decrease her pain and allow her to increase her activity level such as walking further. She denies any side effects with medication use. The reports do not show any before and after pain scales to show analgesia. No other discussion regarding ADLs were provided. There are no UDS and CURES report provided to show medication adherence. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.