

<b>Case Number:</b>	CM15-0004119		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	11/08/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 56-year-old female, with a reported date of injury of 11/08/2002. The diagnoses include lumbar discopathy with disc displacement, status post lumbar fusion, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Treatments have included surgery as noted, and medications. Medications included opioids for at least 11 months and topical analgesics for many months. Multiple urine drug screens were submitted; results from January, February, March, May, and November 2014 were inconsistent with prescribed medications. The progress report dated 11/29/2014 indicates that the injured worker complains of persistent left sacroiliac joint pain radiating across her low back and down her left leg, associated with numbness and tingling. She stated that the medications were somewhat helpful in alleviating some of the pain. An examination of the lumbar spine revealed positive tenderness to palpation over the bilateral sacroiliac joints, positive Faber's and Patrick's tests, positive straight leg raise test at 20 degrees on the left in the supine position; diminished sensation to light touch and pinprick at the bilateral S1 dermatomal distribution, and normal motor strength in the bilateral lower extremities. The treating physician prescribed Cyclobenzaprine 10%/Tramadol 10% to directly target pain associated with inflammation and muscle spasm; Percocet to improve pain symptoms; and a urine drug screen to assist in monitoring adherence to prescription drug treatment regimen, to diagnose substance misuse/abuse, addiction or abnormal behavior. A referral for pain management consultation was requested regarding evaluation for placement of a possible dorsal column stimulator. Work status was noted as off work. On 12/16/2014, Utilization Review (UR) denied the request for Cyclobenzaprine 10%/Tramadol 10% cream 15 grams;

Cyclobenzaprine 10%/Tramadol 10% cream 60 grams; one (1) pain management consultation; and one (1) urine toxicology test. The UR modified the request for Percocet 10/325mg #170 to #108. The UR physician noted that cyclobenzaprine is not recommended as a topical agent, that there was no documentation of functional improvement related to percocet, that the urine drug screen on 08/10/2014 was not consistent with the prescribed medications, and that documentation did not indicate that all other non-invasive procedures had been explored and failed to warrant a pain management consultation for the purpose of a spinal cord stimulator trial. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

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

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

**One prescription of Cyclobenzaprine 10% and Tramadol 10% cream 15 grams: Upheld**

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

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. The MTUS and ODG do not discuss use of tramadol as a topical agent. In this case, there was no documentation of failure of antidepressants and anticonvulsants. The MTUS notes that topical muscle relaxants are not recommended. As the compound contains a medication that is not recommended, the compounded product is not recommended. The request for Cyclobenzaprine 10% and Tramadol 10% cream is not medically necessary due to lack of documentation of failure of oral antidepressants and anticonvulsants, and guideline recommendations against at least one of the components in the compound.

**One prescription of Cyclobenzaprine 10% and Tramadol 10% cream 60 grams: Upheld**

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

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. The MTUS and ODG do not discuss use of

tramadol as a topical agent. In this case, there was no documentation of failure of antidepressants and anticonvulsants. The MTUS notes that topical muscle relaxants are not recommended. As the compound contains a medication that is not recommended, the compounded product is not recommended. The request for Cyclobenzaprine 10% and Tramadol 10% cream is not medically necessary due to lack of documentation of failure of oral antidepressants and anticonvulsants, and guideline recommendations against at least one of the components in the compound.

**One prescription of Percocet 10/325mg #170: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Opioids have been prescribed for at least 11 months. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Multiple urine drug screens were inconsistent with prescribed medications; these findings were not addressed by the treating physician. As currently prescribed, percocet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**One pain management consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311. Decision based on Non-MTUS Citation low back chapter: office visits chronic pain chapter: spinal cord stimulators

**Decision rationale:** The ACOEM recommends appropriate treatment or consultation for low back complaints. The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The reason for the pain management consultation was noted to be evaluation for placement of a possible dorsal column stimulator. The ODG states that spinal cord stimulators are recommended only for selected patients for specific conditions and in cases when less invasive procedures have failed or are contraindicated. These specific conditions include complex regional pain syndrome and some cases of failed back surgery syndrome. The injured worker does not have diagnoses of complex regional pain syndrome or failed back syndrome. As the treating physician has not documented an indication for the procedure for which a pain management consultation would be required, the request for pain management consultation is not medically necessary.

**One urine toxicology test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing 43, opioids 77- 78, 89, 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation chronic pain chapter: urine drug testing

**Decision rationale:** Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. The injured worker has been prescribed opioids for at least 11 months during 2014. Risk assessment of aberrant behavior or addiction was not documented. Five urine drug screens during 2014 were noted to be inconsistent with prescribed medications. These results were not addressed by the treating physician. Due to the use of prior urine drug screens not in accordance with the guidelines, the request for one urine toxicology test is not medically necessary.