

<b>Case Number:</b>	CM15-0008209		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/28/1989
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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:

This 63 year old male sustained an industrial injury on 11/29/89, with subsequent ongoing low back and neck pain. Documentation failed to disclose previous treatments. No recent magnetic resonance imaging was included in the documentation for review. Current diagnoses included trigger point, mechanical instability, lumbar sprain/strain, cervical sprain/strain, left shoulder impingement, left hip pain and spinal lumbago. In a PR-2 dated 11/5/14, the injured worker complained of ongoing low back pain and neck pain 6-8/10 on the visual analog scale associated with some numbness and tingling to the left leg and mild radiation to bilateral upper trapezius muscles. Physical exam was remarkable for antalgic gait with compromised toe heel walk bilaterally, significant tenderness to the paralumbar musculature with spasms, weakness on leg extension, decreased sensation at the L5 and S1 dermatomes on the left and straight leg raise positive bilaterally. The treatment plan included obtaining a TENs unit, weaning Norco, initiating transdermal cream in the form of Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor cream 180gm and continuing other medications. On 1/14/15, Utilization Review noncertified requests for TENS Unit with supplies, Ultram 50mg #60 and Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor cream 180gm citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit with supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS(Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome(CRPS) pain. Patient has a diagnosis of radicular pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS. Only documented rationale for TENS was "to facilitate recovery from injury"; pt has chronic injury, it is not clear how TENS can facilitate recovery in patient's decades long chronic problem. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.

**Ultram 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. It is unclear how long pt has been on tramadol although documentation states that pt is chronically on opioid like Norco and that plan was to wean patient down from Norco only due to schedule change. There is no documentation of why patient needs to be on Norco and Tramadol or any efficacy of Tramadol therapy. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

**Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor cream 180gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The compounded ointment contains Ketoprofen, Lidocaine, Gabapentin and Cyclobenzaprine. As per MTUS guidelines: Any compound product that contains a drug or drug class that is not recommended is not recommended: 1)Ketoprofen: Not FDA approved for topical applications. Use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary.2)Capsaicin:Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Capsaicin has not decreased pain and reduced medication use. It is not recommended due to no documentation of prior treatment failure or effectiveness. 3)Gabapentin: Gabapentin is an anti-epileptic. It is not FDA approved for topical application. As per MTUS guidelines it is not recommended with no evidence to support its use as a topical product. It is not recommended. 4)Cyclobenzaprine: Not recommended for topical application. Not FDA approved for topical application.Since all components of the compound is not medically necessary, the compounded product requested is not medically necessary.