

<b>Case Number:</b>	CM15-0129939		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 29 year old female with a date of injury on 10-21-2014. The injured worker is undergoing treatment for left shoulder impingement-left shoulder rotator cuff tear, possible cervical sprain-strain, possible cervical discogenic pain, possible left cervical facet pain, C4-C5 and C5-C6, possible referred pain from the left shoulder, constant left cervical radicular pain verses referred pain for the left shoulder, possible lumbar discogenic pain, possible bilateral lumbar facet pain, left L5-4-L5, and L5-S1, left more than right, possible lumbar sprain-strain. On 05-14-2015 and 06-10-2015 physician progress report document the injured worker complains of constant left shoulder pain with constant left neck pain and left upper extremity pain associated with tingling, numbness, weakness, cramps, and burning. She has constant lower back pain. Her left shoulder pain is rated 8 out of 10. She has left neck pain and left upper extremity pain. The low back pain is rated 8 out of 10 on the pain scale. She is stiff in the am. Pain is affecting her sleep. Left shoulder range of motion is painful and restricted. She has tenderness over the anterior, superior, lateral and posterior aspect of the left shoulder. The cervical spine shows left facet tenderness over C4-C5 and C5-C6. Her low back has midline tenderness extending from L4 to S1. There is bilateral lumbar facet tenderness, L4-L5; L5-S1 left more than right. She is not working. A physician progress note dated 06-15-2015 documents the injured worker has left shoulder pain with impingement, also pain involving the neck with radicular pain involving the left upper extremity and lower back pain. Treatment to date has included diagnostic studies, medications, 12 physical therapy sessions, and chiropractic services. A lumbar Magnetic Resonance Imaging done on 07-17-2015 revealed straightening of

the lumbar lordosis. A urine drug screen done on 06-10-2015 was consistent. The treatment plan includes Flexeril 7.5 mg (since at least 05-14-2015) 1-2 tab hs; quantity: 60; refills: unlisted, Flurlido (since at least 05-14-2015) - A (Flurbiprofen 20%, lidocaine 5%, amitriptyline 5%), One flexion/extension x-ray of lumbar spine, Ultra flex-G (since at least 05-14-2015) (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%), Anaprox 550mg #60 refills unlisted, Norco 2.5-325mg as needed for breakthrough pain #60 refills unlisted, Prilosec 20mg #30 refills unlisted and Ultram 150mg ER #30 refills unlisted. On 06-16-2015 Utilization Review was non-certified the request for Flexeril 7.5 mg 1-2 tab hs; quantity: 60; refills: unlisted, Flurlido - A (Flurbiprofen 20%, lidocaine 5%, amitriptyline 5%), One flexion/extension x-ray of lumbar spine, and Ultraflex-G (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%).

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

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

**Flexeril 7.5 mg 1-2 tab hs; quantity: 60; refills: unlisted: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Flexeril 7.5 mg 1-2 tab hs; quantity: 60; refills: unlisted is not medically necessary. CA MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. In addition, there is no documentation of efficacy with the use of this medication. Furthermore, the records note that Flexeril did not provide sufficient pain relief. Thus, the requested medication is not medically necessary.

**Flurlido - A (flurbiprofen 20%, lidocaine 5%, amytriptyline 5%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Flurlido - A (flurbiprofen 20%, lidocaine 5%, amytriptyline 5%) is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints

that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The limitation of use was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID use; therefore, compounded topical cream is not medically necessary.

**Ultraflex-G (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Ultraflex-G (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%) is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.

**One flexion/extension x-ray of lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain: Diagnostic imaging.

**Decision rationale:** One flexion/extension x-ray of lumbar spine is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult for nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The enrollee's symptoms remain unchanged and there is no history of new trauma. There is no indication for new x-rays when the patient had a lumbar MRI on 07/17/2015; therefore, it is not medically necessary.

