

<b>Case Number:</b>	CM15-0136160		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, Florida  
 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 63-year-old female who sustained an industrial injury on August 4, 2011. She has reported pain to bilateral shoulders and has been diagnosed with previous rotator cuff repair with residual loss of range of motion and weakness of left shoulder. Treatments have included surgery, physical therapy biofeedback, relaxation techniques and psychotherapy. The left shoulder had healed arthroscopic skin incisions. The right and left shoulder has no deformity or spasm, swelling, or ecchymosis. There was no atrophy of the right and left parascapular muscles. Range of motion to the left shoulder was decreased. There was a positive Neer impingement test, Hawkins impingement test, and Jobe test. There was tenderness to the left shoulder. There was a positive anterior AC joint stress test and posterior AC joint stress test. Motor strength was diminished to the left shoulder. There are associated complaints of stress, anxiety disorder, insomnia and depression. The treatment request included medications and a urine drug screen. The Orthopedic surgeon discharged the IW on May 2015 after completion of active treatments for the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine, Tramadol cream for DOS 6/11/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41, 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle relaxants, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings of localized neuropathic pain such as CRPS. There is no documentation of failure of orally administered first line medications. There is lack of guidelines support for the utilization of topical formulations of cyclobenzaprine and Tramadol for the treatment of chronic musculoskeletal pain. The criteria for the use of cyclobenzaprine, Tramadol cream for DOS 6/11/2015 was not met and is not medically necessary.

**Cyclobenzaprine, Tramadol with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41, 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings of localized neuropathic pain such as CRPS. There is no documentation of failure of orally administered first line medications. There is lack of guidelines support for the utilization of topical formulations of cyclobenzaprine and Tramadol for the treatment of chronic musculoskeletal pain. The criteria for the use of cyclobenzaprine, Tramadol cream with 4 refills were not met and not medically necessary.

**Ibuprofen 800mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to short term periods during exacerbation of pain to reduce the risk of NSAIDs related complications. The prescription of multiple refills will lead to decreased frequency of clinic evaluations for efficacy or adverse medications related adverse effects. The criteria for the use of ibuprofen 800mg #60 with 5 refills was not met and is not medically necessary.

**Review of urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43.

**Decision rationale:** The CA MTUS recommend that Urine Drug Screens (UDS) can be utilized for compliance monitoring during chronic opioids and sedatives treatments. The guidelines also recommend that UDS can be utilized to evaluate aberrant drug behavior. The records did not indicate that the patient is utilizing opioids or orally administered sedative medications. The efficacy of UDS for compliance monitoring of topical formulations of cyclobenzaprine or Tramadol had not been established because variability in systemic absorption of medications. There is no documentation of aberrant drug behavior. The criteria for review of urine drug screen were not met and is not medically necessary.