

<b>Case Number:</b>	CM15-0142546		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	02/11/2015
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 is a 58 year old female patient who sustained an industrial injury on February 11, 2015. The diagnoses include bilateral wrist strain and sprain; bilateral wrist flexor tenosynovitis; right shoulder strain and sprain, and cervical spine strain and sprain. Per the doctor's note dated 8/5/2015, she had complaints of neck pain, wrists pain with numbness to the bilateral hands, right anterior shoulder pain. Per the primary treating office visit dated June 11, 2015 she had complaint of increased pain in the last twenty four hours. Most of the pain was to the neck and shoulder and the day prior with very severe right arm pain and entire limb numb. The physical examination revealed bilateral wrist- flexion/extension 60/60 degrees, radial/ulnar deviation 20/30 degrees; right shoulder- tenderness and mild decreased range of motion; bilateral elbows- supination 80 and pronation 80 degrees. The medications list includes Ambien, Tylenol #3, and Flexeril and Topical compound cream. Per the first report of illness dated April 14, 2015 she had subjective complaint of bilateral hand numbness. She was also prescribed naproxen, and Omeprazole. She has had EMG/NCS dated 6/22/15 with normal findings. She has had physical therapy visits and braces for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 3 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80, 81.

**Decision rationale:** Tylenol 3 #30 - Tylenol#3 contains codeine and acetaminophen. Codeine is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control; and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to low potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. She has had EMG/NCS dated 6/22/15 with normal findings. Per the cited guidelines, "measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol 3 #30 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the treatment is not medically necessary.

**Flexeril 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary, Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page 64.

**Decision rationale:** Flexeril 10mg #30 - Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use, Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had chronic neck pain, wrists pain with numbness to the bilateral hands, right anterior shoulder pain. Physical examination revealed right shoulder- tenderness and mild decreased range of motion. Therefore, the patient has chronic pain with objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10mg #30 is medically appropriate and necessary to use as prn during acute exacerbations.

**Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 240gm: 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 Analgesics, pages 111-113 Flurbiprofen is a NSAID.

**Decision rationale:** Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 240gm - The MTUS Chronic Pain Guidelines regarding topical analgesics state: Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" "Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and amitriptyline are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 240gm is not fully established for this patient and therefore is not medically necessary.