

<b>Case Number:</b>	CM15-0160695		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 59-year-old female, with a reported date of injury of 02-27-2013. The mechanism of injury was the result of extensive sitting and repetitive use of the bilateral upper extremities. The injured worker's symptoms at the time of the injury included headache, bilateral hand pain, bilateral wrist pain, bilateral shoulder pain, neck pain, low back pain, and bilateral feet pain. The diagnoses include cervical strain, mild impingement of the bilateral shoulders, status post lumbar spine fusion, bilateral foot pain with plantar fasciitis, bilateral wrist sprain and strain, bilateral wrist chronic overuse syndrome, bilateral carpal tunnel syndrome and tenosynovitis, bilateral shoulder sprain and strain, bilateral knee sprain and strain, sleep disturbance secondary to pain, and situational depression. Treatments and evaluation to date have included extracorporeal shockwave therapy on 07-20-2015, acupuncture, physical therapy, cervical epidural steroid injections, oral medications, and topical pain medications. The diagnostic studies to date have included urine drug screening dated 07-15-2015 with no detections, an x-ray of the lumbar spine on 04-22-2015 which showed myospasm, levoconvex lumbar scoliosis, and spondylosis. According to the medical report dated 06-03-2015, the injured worker underwent an MRI of the right shoulder on 07-11-2013 which showed evidence of supraspinatus and infraspinatus tendinosis and acromioclavicular joint osteoarthritis with prominent subarticular spurs; and an MRI of the cervical spine on 07-22-2013 which showed degenerative central stenosis from C5-C7, with a right paracentral disc protrusion at C6-7. The progress report dated 07-15-2015 indicates that the injured worker complained of pain in the neck, mid and upper back, lower back, bilateral shoulders, and bilateral knees. She also

complained of pain and numbness in the bilateral wrists. The injured worker rated her neck, mid and upper back, lower back, and bilateral knee pain at 4 out of 10, which had remained the same since her last visit; her bilateral shoulder pain 5 out of 10, which had increased from 4 out of 10 on the last visit; and the bilateral wrist pain 4 out of 10, which had decreased from 6 out of 10 on the last visit. The objective findings include tenderness to palpation over the cervical paraspinal muscles; restricted cervical range of motion; positive cervical compression test; tenderness to palpation over the thoracic paraspinal muscles; tenderness to palpation over the lumbar paraspinal muscles; restricted lumbar range of motion; positive bilateral straight leg raise test; tenderness to palpation over the bilateral shoulders; positive supraspinatus test; tenderness to palpation of the bilateral wrists; tenderness to palpation of the bilateral knees; and no changes on neurocirculatory examination. It was noted that the injured worker stated that acupuncture therapy helped to decrease her pain and tenderness, and that her function and activities of daily living had improved by 10% with acupuncture therapy. The treatment plan included the continuation of acupuncture therapy of the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders two times a week for six weeks; Tramadol 50 mg every 12 hours as needed, Trepadone #90 for one month, Flurbi (NAP) cream-LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) 180 grams, a thin layer to be applied to the affected areas in the morning, and Gabacyclotram (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) 180 grams, a thin layer to be applied to the affected areas in the evening. It was noted that the topical medications were prescribed in order to maintain possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper gastrointestinal (GI) bleeding for the use of NSAIDs (non-steroidal anti-inflammatory drugs). The injured worker remained temporarily totally disabled from 07-15-2015 until 08-26-2015. The treating physician requested acupuncture, EMG-NCV (electromyography and nerve conduction velocity) of the bilateral upper extremities, Tramadol, Trepadone, Flurbi (nap cream) LA, and Gabacyclotram.

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

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

**Acupuncture bilateral upper extremities 2 times a week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the patient has had prior acupuncture but there is no documentation of a reduction in pain scores or any objective functional improvement from prior acupuncture

therapy. Medical necessity of the requested acupuncture has not been established. The requested services are not medically necessary.

**EMG-NCV (electromyography and nerve conduction velocity) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-268.

**Decision rationale:** The request for diagnostic testing EMG/NCV for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there are no findings of neurological deficits or any documentation indicating that the injured worker had failed conservative care treatments. Medical necessity for the requested studies has not been established. The requested EMG/NCV of bilateral upper extremities is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-96 and 113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. Tramadol may also produce life-threatening serotonin syndrome. There is no documentation that the injured worker had been taking SSRIs, TCAs, and other opioids. The injured worker has been taking Tramadol since at least 12-11-2014. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The injured worker's current and previous pain ratings

were documented; however, the documentation did not include all of these items as recommended by the guidelines. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There was no documentation of these items. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There was evidence that the injured worker had a urine drug screen on 07-15-2015. Specific functional goals, and opioid contract were not discussed. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. For these reasons, the request for Tramadol is not medically necessary.

**Trepadone #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Trepadone and Medical food.

**Decision rationale:** The MTUS does not address Trepadone. The non-MTUS Official Disability Guidelines indicate that Trepadone is not recommended. The guidelines state that "Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation. It is a proprietary blend of L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine, gamma-aminobutyric acid, grape seed extract, cinnamon bark, cocoa, omega-3 fatty acids, histidine, whey protein hydrolysate, glucosamine, chondroitin and cocoa." "The entries for 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA all indicate there is no role for these supplements as treatment for chronic pain." Medical necessity for the requested item has not been established. The request for Trepadone is not medically necessary.

**Flurbi (nap) cream-LA (flurbiprofen 20%-lidocaine 5%-amitriptyline 5%) 180 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. Flurbi cream LA is a combination of Flurbiprofen, Lidocaine, and Amitriptyline. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but

there are no long-term studies of their effectiveness or safety. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDS are not FDA approved. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. Topical use of Amitriptyline, which is a tricyclic antidepressant is not mentioned in the MTUS guidelines. According to the MTUS, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.

**Gabacyclotram (gabapentin 10%-cyclobenzaprine 6%-tramadol 10%) 180 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The guidelines state that they are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The compounded medication is a combination of Gabapentin, Cyclobenzaprine and Tramadol. Gabapentin is an anti-epilepsy medication, Cyclobenzaprine is a muscle relaxant, and Tramadol (Ultram) is an opioid. Topical Gabapentin is not recommended by the guidelines, since there is no peer-reviewed literature to support its use. The MTUS states that there is no evidence for the use of any muscle relaxant as a topical product. Tramadol is not FDA approved for topical application. According to the guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.