

<b>Case Number:</b>	CM15-0180387		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

The injured worker is a 62 year old male, who sustained an industrial-work injury on 8-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical Herniated Nucleus Pulposus (HNP), cervical degenerative disc disease (DDD), chronic right shoulder sprain, chondromalacia of patella of bilateral knees, and thoracic and lumbar pain. Medical records dated (4-14-15 to 5-27-15) indicate that the injured worker complains of headaches, cervical spine pain, bilateral knees, right shoulder and thoracic and lumbar pain. Per the treating physician report dated 5-27-15 the injured worker has not returned to work. The physician notes that he was forced into retirement as of 8-22-14. The physical exam dated from (4-14-15 to 5-27-15) reveals decreased cervical range of motion, positive C6 bilateral pain with rotation, and decreased range of motion right arm. Treatment to date has included pain medication including Tramadol, Ibuprofen since at least 4-14-15, and compounded creams (unknown amount of time), swimming, slow jogging, home exercise program (HEP) and other modalities. The request for authorization date was 7-31-15 and requested services included Tramadol 37.5-325mg #90 (DOS 7-30-15), Ibuprofen 800mg #60 (DOS 7-30-15), Cyclo 10%-Gaba 5%-Lido 5%-Caps 0.025% (DOS 7-30-15), and Flurb 25%-Lido 5%-Menthol 5%-Camp 1% (DOS 7-30-15). The original Utilization review dated 8-24-15 non-certified the request for Tramadol 37.5-325mg #90 (DOS 7-30-15), Ibuprofen 800mg #60 (DOS 7-30-15), Cyclo 10%-Gaba 5%-Lido 5%-Caps 0.025% (DOS 7-30-15), and Flurb 25%-Lido 5%-Menthol 5%-Camp 1% (DOS 7-30-15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 37.5/325mg #90 (DOS 7/30/15): 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): Opioids, criteria for use.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, page(s) 75-79 MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is lack of documentation for the above criteria. According to the clinical documentation provided and current MTUS guidelines; Tramadol, as written above, is not indicated as medical necessity to the patient at this time.

### **Ibuprofen 800mg #60 (DOS 7/30/15): Overturned**

**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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ibuprofen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Ibuprofen is indicated as medical necessity to the patient at this time.

### **Cyclo 10%/Gaba 5%/Lido 5%/Caps 0.025% (DOS 7/30/15): 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:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a topical medication with

Cyclobenzaprine. MTUS guidelines state the following: The addition of cyclobenzaprine to other agents is not recommended. According to the clinical documentation provided and current MTUS guidelines; The specific topical, as listed above, is not indicated as a medical necessity to the patient at this time.

**Flurb 25%/Lido 5%/Menthol 5%/Camp 1% (DOS 7/30/15): 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:** MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for a topical compound. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient does not currently meet this criteria. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for this topical compound is not medically necessary.