

<b>Case Number:</b>	CM15-0181176		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/19/1999
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/26/2015
<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: New York

Certification(s)/Specialty: Internal 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 54-year-old male, with a reported date of injury of 01-19-1999. The diagnoses include cervical radiculopathy, ulnar neuritis, lumbosacral radiculopathy, shoulder joint pain, and facet syndrome. Treatments and evaluation to date have included Microzide, Tylenol #4, Kadian (since at least 09-2012), Lidoderm patch, naproxen, Zanaflex, Vicodin, Ketoprofen cream, lumbar facet joint intra-articular block on 06-18-2013, Norco, Nucynta, Ibuprofen, Tramadol (since at least 08-2014), and Flurbiprofen-Capsaicin cream (since at least 12-2014). The diagnostic studies to date have included a urine drug screen on 08-16-2012, 07-27-2013, 02-12-2014, 08-07-2014, 11-04-2014, 01-27-2015, 03-25-2015, 04-27-2015, and 06-30-2015. The urine drug screen on 06-30-2015 was positive for Morphine and Tramadol. The progress report dated 07-30-2015 indicates that the injured worker had ongoing lower back pain. The pain also referred up to the mid-back and intermittent down the right leg. He also complained of right shoulder pain and right foot pain. The injured worker rated his pain 4 out of 10 with medication and 7 out of 10 without medication. On 06-30-2015, the injured worker rated his pain 5 out of 10 with medications and 10 out of 10 without medications. The physical examination showed tenderness at the lumbar spine, tenderness at the facet joint, decreased flexion, decreased lumbar extension, and decreased lumbar lateral bending. The treating physician prescribed Flurbiprofen-Capsaicin cream, Kadian, and Tramadol, and recommended a urine drug screen. The injured worker's work status was noted as permanently disabled. The request for authorization was dated 08-18-2015. The treating physician requested Flurbiprofen 25%-Capsaicin 0.025% cream, Tramadol 50mg #67, Kadian 10mg #90, and one urine drug screen. On 08-26-2015, Utilization Review (UR) non-certified the request for Flurbiprofen 25%- Capsaicin 0.025% cream, Tramadol 50mg #67, and one urine drug screen; and modified the request for Kadian 10mg #90 to Kadian 10mg #35.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25%/ Capsaicin 0.0275% cream:** 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:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Flurbiprofen is used as a topical NSAID. It has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Records do not indicate that injured worker is not able to use oral medications. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. The Requested Treatment: Flurbiprofen 25%/ Capsaicin 0.0275% cream is not medically necessary.

**Kadian 10mg, #90:** 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Kadian is an opioid analgesic indicated for moderate to moderately severe pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of

pain after taking the opiate, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication. Also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Based on CA MTUS guidelines and submitted medical records, the request for Kadian 10 mg is not medically necessary. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms.

**Tramadol 50mg, #67:** 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 for chronic pain.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**One urine drug screen:** 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Urine Drug Testing (UDT).

**Decision rationale:** The California MTUS recommends drug testing as an option, "using a urine drug screen to assess for the use or the presence of illegal drugs." ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction

screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records does not indicate substance abuse, noncompliance, or aberrant behavior. The treating provider does not provide any rationale about the need for Urine Toxicology. It is also determined that use of opioids is not medically necessary and appropriate. Guidelines are not met; therefore, the request is not medically necessary.