

<b>Case Number:</b>	CM15-0190273		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 48 year old male, who sustained an industrial injury on 6-28/2013. He reported a fall and continuous trauma injuries to the chest, back and leg. Diagnoses include cervical sprain-strain, lumbago, lumbar disc displacement without myelopathy, myalgia. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing pain in the back, left shoulder and bilateral wrists. The records did not include documentation regarding previous medications prescribed, current medications prescribed, or subjective and objective documentation to support efficacy of medication therapy. On 8-20-15, the physical examination documented lumbar tenderness with muscle spasms noted. There was a positive straight leg raise test. The left shoulder was tender with decreased range of motion and positive impingement signs. There was tenderness to bilateral wrists with decreased sensation and decreased strength. The plan of care included medication therapy. The appeal requested authorization for Tramadol 50mg #60; Fexmid (cyclobenzaprine) 7.5mg #90; and topical compound cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180 grams; and Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180 grams. The Utilization Review dated 9-2-15, modified the appeal to allow Tramadol 50mg #30 and denied the additional requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60: 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:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation provided for review demonstrates that the injured worker was prescribed opioid drugs (Hydrocodone) as far back as one year prior to the requested service under review. Physician reports fail to show significant objective improvement in pain or function, to justify the ongoing use of opioids. With MTUS guidelines not being met, the request for Tramadol 50mg #60 is not medically necessary.

**Fexmid (Cyclobenzaprine) 7.5mg #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): Muscle relaxants (for pain).

**Decision rationale:** Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation provided for review demonstrates that the injured worker was prescribed Cyclobenzaprine as far back as one year prior to the requested service under review. Physician report fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Fexmid. The request for Fexmid (Cyclobenzaprine) 7.5mg #90 is not medically necessary per MTUS guidelines.

**Flurbi (NAP) cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180grams: 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 states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. MTUS guidelines state that non-dermal patch formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbi (NAP) cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180grams is not medically necessary.

**Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180 grams:**  
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 states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Gabacyclotram is a topical analgesic containing Gabapentin, Cyclobenzaprine, and Tramadol. MTUS does not recommend the use of Flexeril (muscle relaxant) and Gabapentin as topical agents and Tramadol is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180 grams is not medically necessary.