

<b>Case Number:</b>	CM15-0193419		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: California, Indiana, 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 27 year old male, who sustained an industrial injury on 8-20-11. The injured worker was diagnosed as having cervical disc displacement, lumbosacral disc degeneration and right knee medial meniscus tear. The physical exam on 7-28-15 revealed "decreased" range of motion in the neck and back with spasms. The injured worker indicated that he was working 3 days a week. As of the PR2 dated 8-18-15, the injured worker reported taking medications for inflammation and pain. The treating physician noted the objective findings were the same. There is no documentation of current pain level or pain levels with and without medications. Current medications include Naproxen, Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% and Tramadol HCL-APAP 37.5-325mg (since at least 7-28-15). Treatment to date has included a urine drug screen on 7-28-15 showing none of the analytes tested were detected. The treating physician requested Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% and Tramadol HCL (hydrochloride) - APAP (acetaminophen) 37.5-325 mg Qty 60. The Utilization Review dated 9-9-15, non-certified the request for Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% and Tramadol HCL (hydrochloride) - APAP (acetaminophen) 37.5-325 mg Qty 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 10%, gabapentin 5%, lidocaine 5%, and capsaicin 0.025% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical disc displacement; lumbar/lumbosacral disc disease; plantar fasciitis left foot; and right knee medial meniscal tear. Date of injury is August 20, 2011. Request for authorization is August 20, 2015. According to a July 28, 2015 progress note, the treating provider prescribed naproxen 550 mg and the cyclobenzaprine topical analgesic. According to the August 18, 2015 progress notes, the injured worker presented for a refill of medications. The injured worker takes medications for inflammation and pain. Objectively, the documentation states "same". There is no documentation of first line failed antidepressants and anticonvulsants in the record. There is no documentation demonstrating objective functional improvement to support ongoing cyclobenzaprine 10%, gabapentin 5%, lidocaine 5%, and capsaicin 0.025%. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Lidocaine and non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine, gabapentin and lidocaine) that is not recommended is not recommended. Consequently, cyclobenzaprine 10%, gabapentin 5%, lidocaine 5%, and capsaicin 0.025% is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, cyclobenzaprine 10%, gabapentin 5%, lidocaine 5%, and capsaicin 0.025% is not medically necessary.

**Tramadol HCL (hydrochloride)/ APAP (acetaminophen) 37.5/325 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**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 section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCL (hydrochloride)/ APAP (acetaminophen) 37.5/325 mg Qty 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and

documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical disc displacement; lumbar/lumbosacral disc disease; plantar fasciitis left foot; and right knee medial meniscal tear. Date of injury is August 20, 2011. Request for authorization is August 20, 2015. According to a July 28, 2015 progress note, the treating provider prescribed naproxen 550 mg and the cyclobenzaprine topical analgesic. According to the August 18, 2015 progress notes, the injured worker presented for a refill of medications. The injured worker takes medications for inflammation and pain. Objectively, the documentation states "same". There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing tramadol/ APAP. There is no documentation of a recent physical examination other than "same". There is no documentation indicating an attempt at weaning. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing tramadol, no risk assessments for detailed pain assessments and no documentation indicating an attempt at weaning, Tramadol HCL (hydrochloride)/ APAP (acetaminophen) 37.5/325 mg Qty 60 is not medically necessary.