

<b>Case Number:</b>	CM15-0207222		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 73 year old male, who sustained an industrial injury on 12-10-2012. He has reported injury to the neck, left shoulder, left wrist-hand, and low back. The diagnoses have included acute cervical strain with disc herniation; acute lumbar strain with disc herniation; acute thoracic strain with thoracic disc herniation; bilateral upper extremity sprain-strain; and cervical trapezial myofascitis, rule out C5-C6 radiculopathy. Treatment to date has included medications, diagnostics, activity modification, and TENS (transcutaneous electrical nerve stimulation) unit. Medications have included Tramadol and topical compounded creams. A progress report from the treating physician, dated 08-26-2015, documented a follow-up visit with the injured worker. The injured worker reported persistent pain in the neck, lower back, left shoulder, left wrist, and hand, all rated at 6 out of 10 in intensity; the pain is the same as the last visit and radiates to the bilateral upper and lower extremities; he takes Tramadol, which is helping; and he is currently working. Objective findings included he is in no acute distress; decreased range of motion of the cervical spine; there was tenderness to the paraspinals and hypertonicity to the trapezius muscles; left shoulder with slightly decreased range of motion in all planes, secondary to pain and weakness; there was 4 out of 5 strength; left wrist and hand revealed decreased grip strength at 4 out of 5; there was tenderness to interosseous spaces; lumbar spine tenderness in the midline; tenderness and hypertonicity in the paraspinal musculature; he had asymmetric loss of range of motion; and he had limited range of motion because of pain. The treatment plan has included the request for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Menthol 4% cream 180 gm; and Tramadol 50 mg #90. The original utilization review dated 10-07-2015, non-certified the request

for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Menthol 4% cream 180 gm; and modified the request for Tramadol 50 mg #90, to Tramadol 50 mg #81.

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

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

**Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Menthol 4% cream 180 gm: 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 rationale:** Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS p113 with regard to topical Baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Regarding topical Lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)" The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Regarding the use of multiple medications, MTUS p60 states only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As Baclofen is not recommended, the compound is not medically necessary.

**Tramadol 50 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of tramadol or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed, therefore is not medically necessary.