

<b>Case Number:</b>	CM15-0048001		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 54, year old male, who sustained an industrial injury, July 11, 2014. The injury was sustained when the injured worker tripped at work. The injured worker previously received the following treatments cervical spine MRI, Tramadol, Cyclobenzaprine, Naproxen, Omeprazole, Gabapentin 10% cream and Flurbiprofen 20% cream, pain management and hot and cold therapy. The injured worker was diagnosed with cervical strain and sprain, cervicgia, cervical radiculopathy and insomnia. According to progress note of January 19, 2015, the injured worker's chief complaint was neck pain and headaches and right greater than the left upper extremity pain. The injured worker rated the pain 8-9 out of 10 without pain medication and 8-9 out of 10 with pain medication. The physical exam noted tenderness and spasms of the cervical spine. There was decreased range of motion in the cervical spine. The treatment plan included prescription renewals for Tramadol, Cyclobenzaprine, Gabapentin 10% cream and Flurbiprofen 20% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol 150 mg #60 dispensed in the office: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with neck pain radiating to bilateral shoulders, right arm and right palm. The request is for RETROSPECTIVE TRAMADOL 150 MG #60 DISPENSED IN THE OFFICE. Physical examination to the cervical spine on 01/29/15 revealed tenderness to palpation with spasms. Range of motion was limited in all directions. Patient's treatments have included medication, injections, and EMG and image studies. Per 02/16/15, Request For Authorization form, patient's diagnosis include cervical radiculopathy, cervical sprain/strain, insomnia, cephalgia, and B-limb pain. Patient's medications, per 02/16/15 progress report include Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, and topical compound cream. Per 03/16/15 progress report, patient's work status is temporarily totally disabled until 04/29/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 13 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not discuss this request. Review of the medical records provided indicate that the patient received prescriptions for Tramadol from 01/19/15 and 02/16/15. However, treater has not discussed how Tramadol decreased pain and significantly improved patient's activities of daily living. UDS results dated 02/16/15 were consistent with patient's medications; however, there are no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Retrospective Cyclobenzaprine 7.5 mg #60 dispensed in the office:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with neck pain radiating to bilateral shoulders, right arm and right palm. The request is for RETROSPECTIVE CYCLOBENZAPRINE 7.5 MG #60 DISPENSED IN THE OFFICE. Physical examination to the cervical spine on 01/29/15 revealed tenderness to palpation with spasms. Range of motion was limited in all directions. Patient's treatments have included medication, injections, and EMG and image studies. Per 02/16/15 Request For Authorization form, patient's diagnosis include cervical radiculopathy, cervical sprain/strain, insomnia, cephalgia, and B-limb pain. Patient's medications, per 02/16/15 progress report include Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, and topical compound cream. Per 03/16/15 progress report, patient's work status is temporarily totally disabled until

04/29/15. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Treater does not discuss this request. Review of the medical records provided indicate that the patient was prescribed Cyclobenzaprine from 01/19/15 and 03/16/15. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 60 tablets, in addition to previous use of this medication does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

**Gabapentin 10% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with neck pain radiating to bilateral shoulders, right arm and right palm. The request is for GABAPENTIN 10% CREAM. Physical examination to the cervical spine on 01/29/15 revealed tenderness to palpation with spasms. Range of motion was limited in all directions. Patient's treatments have included medication, injections, and EMG and image studies. Per 02/16/15, Request for Authorization form, patient's diagnosis include cervical radiculopathy, cervical sprain/strain, insomnia, cephalgia, and B-limb pain. Patient's medications, per 02/16/15 progress report include Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, and topical compound cream. Per 03/16/15 progress report, patient's work status is temporarily totally disabled until 04/29/15. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In this case, none of the progress reports discuss the request. It is not clear if this is the first prescription for this topical cream or if the patient has used the cream in the past. There is no documentation of efficacy. MTUS specifically states that Gabapentin is not recommended in any topical formulation. This request is not in line with guideline recommendations and therefore, it IS NOT medically necessary.

**Flurbiprofen 20% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with neck pain radiating to bilateral shoulders, right arm and right palm. The request is for FLURBIPROFEN 20% CREAM. Physical examination to the cervical spine on 01/29/15 revealed tenderness to palpation with spasms. Range of motion was limited in all directions. Patient's treatments have included medication, injections, and EMG and image studies. Per 02/16/15, Request for Authorization form, patient's diagnosis include cervical radiculopathy, cervical sprain/strain, insomnia, cephalgia, and B-limb pain. Patient's medications, per 02/16/15 progress report include Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, and topical compound cream. Per 03/16/15 progress report, patient's work status is temporarily totally disabled until 04/29/15. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state, "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. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, none of the progress reports document the use or purpose of the Flurbiprofen cream. There is no diagnosis of peripheral joint arthritis and tendinitis for which topical NSAID's are indicated. Hence, the request IS NOT medically necessary.