

<b>Case Number:</b>	CM15-0052969		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 is a 59-year-old female who reported injury on 05/19/2008. The mechanism of injury was lifting heavy medical records. The injured worker was noted to undergo 2 right shoulder and 2 carpal tunnel surgeries. The injured worker's other therapies included an epidural steroid injection, a TENS unit, and the injured worker was noted to have a urine drug screen. Current medications were noted to include NSAIDs, muscle relaxants, benzodiazepines, Lidoderm patches, Lyrica, and Etodolac. Prior therapies included physical therapy. The documentation of 02/17/2015 revealed the injured worker had pain 6/10 to 7/10. The injured worker was taking Tylenol No. 3. The physical examination revealed bilateral tenderness and spasms of the cervical and trapezius muscles. Motor examination was 4/5 and equal in regard to the right upper extremity. The injured worker had tenderness at the right medial and lateral epicondyle. The injured worker had decreased sensation to the right thumb, index and middle fingers. The injured worker had a positive Tinel's and Phalen's at the right wrist and at the right elbow in medial aspect. The diagnoses included right shoulder sprain and right carpal tunnel syndrome. The treatment plan included a trial of medications including tapering down on Tylenol No. 3. The medications prescribed included naproxen 550 mg 1 by mouth twice a day #60, Prilosec DR 1 to 2 per day #60 for gastritis, Flexeril 10 mg #60 and an antispasmodic, Ultracet 37.5 mg twice a day to 4 times a day #60 to taper down from Tylenol No. 3, continue to use Cymbalta 30 mg twice a day #60, and Neurontin 600 mg twice a day #60. Additionally, the

request was made for flurbiprofen cream 20% 3 times a day #2 to decrease the use of oral NSAIDs. Additionally, the documentation indicated the injured worker would need to undergo a urine toxicology screen.

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

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

**Cymbalta 30mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to indicate the injured worker had a decrease in pain. There was a lack of documentation of objective functional improvement. There was a lack of documentation including an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cymbalta 30 mg #60 is not medically necessary.

**Neurontin 600mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain of at least 30% to 50% and an objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600 mg #60 is not medically necessary.

**Fluriprofen Cream 20%, #2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics Page(s): 72, 111.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety/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. 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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to provide the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 2 forms of NSAIDs. There was a lack of documentation of exceptional factors to support the use of the medication. The request as submitted failed to indicate the body part and the frequency to be treated. Given the above, the request for flurbiprofen cream 20% #2 is not medically necessary.

**Ultracet 37.5mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication Tylenol No. 3. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was documentation the injured worker had signed a pain contract. There was documentation the injured worker had a side effect of gastritis. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultracet 37.5 mg #60 is not medically necessary.