

<b>Case Number:</b>	CM15-0082366		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	11/04/1999
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 41 year old female, who sustained an industrial injury on November 4, 1999. She has reported neck pain, back pain, and wrist pain. Diagnoses have included lumbar degenerative disc disease, sprain/strain of the neck, question of thoracic outlet syndrome, and reflex sympathetic dystrophy. Treatment to date has included medications, massage therapy, physical therapy, and home exercise. A progress note dated February 18, 2015 indicates a chief complaint of neck and lumbar spine spasms, and bilateral wrist pain. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch:** 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), Flector patch (Diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with neck, lower back and bilateral wrist pain. The request is for FLECTOR 1.3% PATCH. The request for authorization is not provided. Physical examination of the cervical spine reveals mild bilateral paracervical tenderness. Exam of lumbar spine reveals bilateral paralumbar tenderness and spasm. Sensory exam reveals sensation to pin is decreased entire right upper extremity, with allodynia right hand. Light touch is decreased right upper extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. The patient reports functional pain control with medication. Patient's medications include Oxycontin, Oxycodone, Topamax, Flector, Trazodone, Cyclobenzaprine and Topical gel. The patient's work status is not provided. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, 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). ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Treater does not specifically discuss this medication. Patient has been prescribed Flector patches since at least 10/29/14. However, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of specific discussion regarding this topical product, it cannot be assumed that it has resulted in pain reduction and functional improvement, otherwise unachieved without this product. Therefore, the request IS NOT medically necessary.

**Oxycodone HCL 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

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

**Decision rationale:** The patient presents with neck, lower back and bilateral wrist pain. The request is for OXYCODONE HCL 30MG #60. The request for authorization is not provided. Physical examination of the cervical spine reveals mild bilateral paracervical tenderness. Exam of lumbar spine reveals bilateral paralumbar tenderness and spasm. Sensory exam reveals sensation to pin is decreased entire right upper extremity, with allodynia right hand. Light touch is decreased right upper extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. The patient reports functional pain control with medication. Patient's medications include Oxycontin, Oxycodone, Topamax, Flector, Trazodone, Cyclobenzaprine and Topical gel. The patient's work status is not provided. 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. Treater does not specifically discuss this medication. The patient has been prescribed Oxycodone since at least 10/29/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Oxycodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Oxycodone. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Oxycontin 80mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

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

**Decision rationale:** The patient presents with neck, lower back and bilateral wrist pain. The request is for OXYCONTIN 80MG #120. The request for authorization is not provided. Physical examination of the cervical spine reveals mild bilateral paracervical tenderness. Exam of lumbar spine reveals bilateral paralumbar tenderness and spasm. Sensory exam reveals sensation to pin is decreased entire right upper extremity, with allodynia right hand. Light touch is decreased right upper extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. The patient reports functional pain control with medication. Patient's medications include Oxycontin, Oxycodone, Topamax, Flector, Trazodone, Cyclobenzaprine and Topical gel. The patient's work status is not provided. 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. Treater does not specifically discuss this medication. The patient has been prescribed Oxycontin since at least 10/29/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Oxycontin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Oxycontin. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Cyclobenzaprine HCL 10mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The patient presents with neck, lower back and bilateral wrist pain. The request is for CYCLOBENZAPRINE HCL 10MG #240. The request for authorization is not provided. Physical examination of the cervical spine reveals mild bilateral paracervical tenderness. Exam of lumbar spine reveals bilateral paralumbar tenderness and spasm. Sensory exam reveals sensation to pin is decreased entire right upper extremity, with allodynia right hand. Light touch is decreased right upper extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat and stretches. The patient reports functional pain control with medication. Patient's medications include Oxycontin, Oxycodone, Topamax, Flector, Trazodone, Cyclobenzaprine and Topical gel. The patient's work status is not provided. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In this case, the patient is prescribed Cyclobenzaprine since at least 10/29/14. The request for additional Cyclobenzaprine #120 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.