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| <b>Case Number:</b>   | CM15-0086360 |                              |            |
| <b>Date Assigned:</b> | 05/08/2015   | <b>Date of Injury:</b>       | 06/13/2013 |
| <b>Decision Date:</b> | 06/09/2015   | <b>UR Denial Date:</b>       | 04/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2015 |

### 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: Preventive Medicine, Occupational 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:

This is a 52 year old male with a June 13, 2013 date of injury. A progress note dated March 11, 2015 documents subjective findings (neck pain rated at a level of 8/10; mid/upper back pain rated at a level of 9/10; right shoulder pain rated at a level of 9/10 which has increased from 5/10 since the last visit; bilateral foot pain rated at a level of 9/10; lower back pain with radiation rated at a level of 9/10), objective findings (grade 3 tenderness to palpation over the cervical paraspinal muscles with restricted range of motion; positive cervical compression test; grade 3 tenderness to palpation over the thoracic paraspinal muscles; grade 3 tenderness to palpation over the lumbar paraspinal muscles with restricted range of motion; positive straight leg raise bilaterally; grade 2-3 tenderness to palpation of the right shoulder with restricted range of motion; grade 3 tenderness to palpation of the bilateral feet), and current diagnoses (status post blunt head injury with loss of consciousness; blurred vision; cervical spine musculoligamentous strain/sprain with radiculitis, rule out disc protrusion; thoracic spine musculoligamentous strain/sprain; lumbar spine musculoligamentous strain/sprain, rule out disc protrusion; right shoulder strain/sprain, tendinitis, and impingement syndrome, rule out rotator cuff tear; bilateral foot strain/sprain versus lumbar radiculitis; depression/anxiety, situational). Treatments to date have included physical therapy (on hold at this time), chiropractic care, acupuncture, medications, topical creams, and diagnostic testing. The treating physician documented a plan of care that included Tramadol, Flurbi cream, and Gabacyclotram cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The available records do not provide evidence of significant pain control or increase in function with the use of Tramadol. Additionally, there is no clear evidence of compliance via urine drug screens. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol mg #60 is determined to not be medically necessary.

**Flurbi (nap) cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Topical Analgesics Section Page(s): 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine in the formulation of a cream or lotion is not recommended by the MTUS guidelines. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle

relaxants. The request for Flurbi (nap) cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 grams is determined to not be medically necessary.

**Gabaclyctram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180 grams:**  
Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants such as cyclobenzaprine as a topical product. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of topical tramadol. The request for Gabaclyctram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180 grams is determined to not be medically necessary.