

<b>Case Number:</b>	CM13-0037068		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old female who reported an injury on 10/18/2010. The mechanism of injury was stated to be a trip and fall. The patient was noted to have radicular symptoms to the bilateral lower extremities and continued neck pain as well as a rotator cuff tear. The patient's diagnoses were noted to include cervical strain, right shoulder partial rotator cuff tear, bilateral shoulder impingement syndrome, bilateral wrist sprain/strain, TFCC tears of the bilateral wrists, lumbar strain, lumbar disc herniation, bilateral knee strain, and rule out carpal tunnel syndrome of the bilateral upper extremities. The treatment plan was noted to include Cyclobenzaprine, diclofenac XR, a compounded cream, and Omeprazole and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, Ongoing management Page(s): 82, 93, 94, 113 & 78.

**Decision rationale:** The California MTUS states central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not

recommended as a first-line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's to allow for ongoing usage. Given the above, the request for tramadol ER 150 mg with an unstated quantity is not medically necessary.

**Unknown prescription of Diclofenac/Ketoprofen/Gabapentin/Lidocaine 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, Lidocaine, Diclofenac, Ketoprofen, Gabapentin Page(s): 111, 112, 71, 113.

**Decision rationale:** The California MTUS indicates "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application... Voltaren 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment...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." The clinical documentation submitted for review failed to provide documentation to support nonadherence to guideline recommendations and FDA recommendations. Additionally, there was a lack of documentation indicating the quantity of cream being requested and indicating the necessity for two forms of Diclofenac. Given the above, the request for unknown prescription of Diclofenac/Ketoprofen/Gabapentin/Lidocaine cream is not medically necessary.

**Diclofenac XR 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac XR Page(s): 71.

**Decision rationale:** The California MTUS guidelines indicate that Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, this medication was noted to be in both the topical and oral form and used concurrently. There is a lack of documentation indicating the necessity for both forms of the medication. There is a lack

of documentation indicating the quantity of Diclofenac XR being requested. Given the lack of documentation for the necessity of 2 forms of the same medication, the request for diclofenac XR 100 mg is not medically necessary.

**Cyclobenzaprine 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

**Decision rationale:** The California MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The addition of Cyclobenzaprine to other agents is not recommended. There was noted to be no muscle spasms in the paralumbar musculature. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, this medication is not recommended for more than 2 to 3 weeks and this was noted to be a refill. There is a lack of documentation indicating the necessity for ongoing treatment with this medication. Additionally, there is a lack of quantity being requested. Given the above, the request for Cyclobenzaprine 7.5 mg is not medically necessary.