

<b>Case Number:</b>	CM14-0126439		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	08/19/2002
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 55-year-old male who reported an injury on 08/19/2002 and 03/27/2003 due to unspecified mechanism of injury. The injured worker had a history of bilateral knee and bilateral shoulder pain. The injured worker had diagnoses of left shoulder rotator cuff tear, bilateral shoulder strain, bilateral carpal tunnel syndrome, knee degenerative joint disease, and left knee pain. The prior surgeries included left carpal tunnel release 11/13/2006, left index finger distal tip fracture, right carpal tunnel release, right knee surgery. The objective findings dated 06/14/2014 of the right shoulder revealed no evidence of surgical incision or scar; no swelling, ecchymosis; palpation was present to the interior capsule and acromioclavicular joints. Range of motion to the right shoulder showed abduction at 160 degrees and adduction at 50 degrees with extension 50 degrees and flexion 170 degrees. Crepitus was present on the right. Sensation to pinwheel test was normal. Deep tendon reflexes to the upper extremities were at 2+ normal. The physical examination to the wrist revealed dorsiflexion at 65 degrees bilaterally, palmar flexion was 70 degrees, ulnar deviation 40 degrees, and radial deviation 20 degrees bilaterally. The treatment plan included Vicodin 5/325 mg, Ultram 50 mg, and topical creams, with a reported pain to the shoulders 6/10, left elbow and bilateral hands a 6/10, and bilateral knees 6/10, using the VAS. The Request for Authorization dated 08/13/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not indicate the adverse side effects or aberrant drug taking behavior. The request did not address the frequency. As such, the request is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The clinical notes did not indicate illegal drug use. As such, the request is not medically necessary.

**Topical Compound TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2 %, Capsaicin 0.05%) 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Gabapentin, Capsaicin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Tramadol Topical Salicylates Gabapentin Topical Analgesics Page(s): 82 105 111 113.

**Decision rationale:** The California MTUS 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 Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy....Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The guidelines do not indicate the use of gabapentin or any compounded product

that contains at least 1 drug or drug class that is not recommended. The request did not indicate the frequency, the duration, or dosage. As such, the request is not medically necessary.

**Topical Compound Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%) 240 gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, FlurbiprofenLidocaine, BaclofenTopical Analgesics Page(s): 41 111 112 113 72.

**Decision rationale:** The California MTUS indicates 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... There is no peer-reviewed literature to support the use of topical baclofen...do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product... The addition of cyclobenzaprine to other agents is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Regarding Topical Flurbiprofen...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 guidelines indicate do not recommend the use of cyclobenzaprine. A compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The request did not indicate the frequency, the dosage, or duration. As such, the request is not medically necessary.

**Vicodin 5/325mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines VicodinOngoing management Page(s): 75 78.

**Decision rationale:** The California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes were not evident of the side effects, activities of daily living

or aberrant drug taking behaviors. The request did not address the frequency. As such, the request is not medically necessary.