

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0143018 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 12/10/2012 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 72-year-old male who has submitted a claim for low back pain with disc herniation, cervical spine pain with disc herniation, bilateral shoulder pain, bilateral wrist and hand pain, and thoracic spine pain associated with an industrial injury date of 12/10/2012. Medical records from 2014 were reviewed. Patient complained of pain at the cervical spine radiating to bilateral shoulders. Patient likewise experienced lumbar spine pain, and bilateral wrist pain. Pain was described as constant, rated 6/10 in severity, and relieved to 3/10 upon intake of medications. Constipation was a noted side effect from tramadol use. There were no signs of drug abuse or misuse. Physical examination of both the cervical spine and lumbar spine showed restricted motion, tenderness, and hypertonicity. Deep tendon reflexes of bilateral upper and lower extremities were graded 1+. Both Kemp's test and straight leg raise test were positive bilaterally. Anthropometric examination showed a height of 5 feet 6 inches, weight of 156 pounds, and derived a body mass index of 25.2 kg/m<sup>2</sup>. Urine drug screens from 6/22/2013 and 8/15/2013 showed negative results. Documented goals for aquatic therapy were to increase functionality and to decrease pain. Treatment to date has included home exercise program, trigger point injections, physical therapy, chiropractic care x 24 sessions, and medications such as tramadol, and cyclobenzaprine (since June 2014). Topical creams were prescribed starting July 2014 to minimize side effects from oral medications. A Utilization review from 8/28/2014 denied the request for Kera-Tek Analgesic Gel OZ #1 because of limited published studies concerning its efficacy and safety; denied Flexeril 10 mg, #60 because long-term use was not recommended; denied tramadol 50 mg, #60 because of no evidence of objective functional improvement to support could be due to use; denied Lidocaine 3%/5% 180G #1 because of no evidence of trial and failure of first line therapy; denied Aquatic Therapy 2 x 4 to the Lumbar Spine because of no indication of intolerance to weight bearing exercises; and denied

urine toxicology screen x 1 because there was no documentation of medication misuse or aberrant behavior.

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

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

#### **KERA-TEK ANALGESIC GEL OZ #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for KERA-TEK GEL ANALGESIC GEL OZ, #1 is not medically necessary.

#### **FLEXERIL 10MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since June 2014. Pain was described as constant, rated 6/10 in severity, and relieved to 3/10 upon intake of medications. Although the most recent physical examination showed evidence of hypertonicity of paracervical and paralumbar muscles, long-term muscle relaxant use was not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Flexeril 10mg, #60 is not medically necessary.

#### **ULTRAM 50 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 9792.20 - 9792.26, Opioids, Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on tramadol since June 2014. Pain was described as constant, rated 6/10 in severity, and relieved to 3/10 upon intake of medications. Constipation was a noted side effect from tramadol use. There were no signs of drug abuse or misuse. However, there was no documentation concerning functional improvement from medication use. MTUS Guidelines require clear and concise documentation for ongoing management. Guideline criteria were not met. Therefore, the request for Ultram 50mg, #60 was not medically necessary.

**LIDOCAINE 3%/5% 180G #1:** Upheld

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains lidocaine, which is not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for LIDOCAINE 3%/5% 180G #1 is not medically necessary.

**AQUATIC THERAPY 2 X 4 TO THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, documented goals for aquatic therapy were to increase functionality and to decrease pain. Patient has completed a course of physical therapy previously. However, the exact number of treatment sessions completed and functional outcomes were not documented. Patient has a body mass index of 25.2 kg/m<sup>2</sup>. No fracture of the lower extremity was likewise noted. Furthermore, there was no indication why the patient could not participate in a land-based physical therapy program. Therefore, the request for AQUATIC THERAPY 2 X 4 TO THE LUMBAR SPINE is not medically necessary.

**URINE TOXICOLOGY SCREEN X 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes tramadol and cyclobenzaprine. Urine drug screens from 6/22/2013 and 8/15/2013 showed negative results; there has been no management response concerning this issue. There is no compelling rationale for performing drug screen at this time. No aberrant drug behavior or misuse was likewise noted. Therefore, the request for urine toxicology screen x1 is not medically necessary.