

<b>Case Number:</b>	CM14-0094912		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/02/1995
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 64-year-old male who reported an injury on 08/02/1995 due to an unknown mechanism. Diagnoses were failed back surgery syndrome, lumbar radiculopathy, degenerated disc disease, thoracic, status post vertebroplasties T6 and L3, and history of compression fracture, thoracic vertebra. Past treatment included the use of a TENS unit, nerve blocks/injections, Epidural Steroid Injections, Physical Therapy, and Psychiatrist. Diagnostic studies were MRI. Surgical history was 2 electrical stimulators surgically implanted, pain pump implanted, pain pump removed, left knee surgery and left shoulder surgery. Physical examination on 05/13/2014 revealed significant relief from IT Prialt 1.7 mcg/day which allowed for improved sleep and activities of daily living. There were complaints of lumbar pain left shoulder and bilateral sciatica pain. Pain was rated a 5/10. The duration of pain was constant. Examination of the spine revealed forward flexion was to 45 degrees, hyperextension was to 15 degrees, left lateral bend was to 20 degrees, and right lateral bend was to 20 degrees. Straight leg raise test supine position was positive on the left and the right. Medications were Oxycontin 20 mg, Dilaudid 4 mg, Diazepam 10 mg. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, Ongoing Management Page(s): 78.

**Decision rationale:** The request for Oxycontin 40 mg #120 is not medically necessary. The California Medical Treatment Utilization Schedule recommends long acting opioids Oxycontin for around-the-clock pain relief and indicates it is not for an as needed use. The California Medical Treatment Utilization Schedule 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. Although the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Dilaudid 40mg #60:** Upheld

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

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

**Decision rationale:** The request for Dilaudid 40 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule recommends long acting opioids (Dilaudid) for around-the-clock pain relief and indicated as not for an as needed use. The medical guidelines 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. Although the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Lunesta 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Insomnia treatment in cases of chronic pain, Eszopiclone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatments.

**Decision rationale:** The request for Lunesta 3 mg #30 is not medically necessary. The Official Disability Guidelines indicate the use of Lunesta is for the short-term treatment of insomnia, generally 2 to 6 weeks. The injured worker has been on this medication for more than 2 to 6

weeks. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Fluriflex Ointment #240 gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

**Decision rationale:** The request for Fluriflex ointment #240gm is not medically necessary. The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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 NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. This agent is not currently FDA approved for topical application. DA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search at the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluate in the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. The guidelines do not recommend compounded topical analgesics. Therefore, the request is not medically necessary.