

<b>Case Number:</b>	CM14-0211012		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Physical Medicine & Rehabn

### 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 53 year old male with an injury date of 09/17/13. Based on the 09/24/14 progress report provided by treating physician, the patient complains of pain to cervical spine radiating to both shoulders. No pertinent discussion was submitted for physical examination. Per report dated 11/19/14, range of motion was decreased, especially on extension 15 degrees. Patient's current medications include Flubiprofen 20% / Tramadol 20% in mediderm base, Gabapentin 10 %, Amitriptyline 10%, Dextromethorphan 10% in mediderm base and Omeprazole. Patient is returned to modified work.MRI of the cervical spine 06/21/14 showed posterolateral osteophytes noted at the C3-C4, C4-C5, C5-C6 and C6-C7 levels, along with 2-3mm disc bulges at C4-6.MRI of the lumbar spine 09/18/14 showed spondylosis with 2-3mm disc bulge at L3-4, some foraminal stenosis bilaterally at L4-5 and an annular tear L5-1.Diagnosis (11/26/14)- Lumbago- LS radiculitis- LS S/SThe utilization review determination being challenged is dated 12/05/14. The rationale follows:1) RETROSPECTIVE FLURBIOPROFEN 20% / TRAMADOL 20% 210 GM DOS: 9/24/2014: "Evidence based quidelines do not consistently support compound medications... for topical applications."2) RETROSPECTIVE TRAMADOL 100MG QTY 45 DOS: 9/24/2014: "there is no documentaion that the prescriptions are from a single practitioner and are taken as directed" Treatment reports were provided from 08/06/14 to 11/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen 20% / Tramadol 20% 210gms DOS: 09/24/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

**Decision rationale:** The patient presents with pain to cervical spine radiating to both shoulders. The request is for retrospective Flurbiprofen 20% / Tramadol 20% 210 GM DOS: 9/24/2014. Patient's current medications include Flubiprofen 20% / Tramadol 20% in mediderm base, Gabapentin 10 %, Amitriptyline 10%, Dextromethorphan 10% in mediderm base and Omeprazole. Patient is returned to modified work. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS page 111 states that if one of the compounded topical product ingredients is not recommended, then the entire product is not. In this case, the requested topical compound contains Flurbiprofen and Tramadol, which are not supported for topical use in lotion form per MTUS. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Treater does not provide reason for the request. In this case, the patient does not present with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. In addition, MTUS Guidelines do not support Tramadol in a topical formulation. Therefore, the request is not medically necessary.

**Retrospective Tramadol 100mg Qty: 45 DOS: 9/24/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; medication for chronic pain Page(s): 60,61;76-78;88-89.

**Decision rationale:** The patient presents with pain to cervical spine radiating to both shoulders. The request is for retrospective tramadol 100mg Qty 45 DOS: 9/24/2014. Patient's current medications include Flubiprofen 20% / Tramadol 20% in mediderm base, Gabapentin 10 %, Amitriptyline 10%, Dextromethorphan 10% in mediderm base and Omeprazole. Patient is returned to modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures

that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater does not provide reason for the request. MTUS requires appropriate discussion of the 4A's. However, in addressing the 4A's, treater has not discussed how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Tramadol. No validated instrument has been used to show functional improvement. Furthermore, the treater's general statement that medication management discussed with patient is not an adequate documentation in addressing adverse side effects and adverse behavior. There are no UDS's, CURES or opioid pain contracts. Therefore, given the lack of documentation as required by guidelines, the request is not medically necessary.