

<b>Case Number:</b>	CM15-0111717		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 58-year-old who has filed a claim for chronic low back, neck and wrist pain reportedly associated with an industrial injury of June 13, 2011. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve requests for a topical compounded agent, Tramadol, and Ambien. The claims administrator referenced a RFA form of April 29, 2015 and associated progress notes of April 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress noted dated March 18, 2015, somewhat blurred as a result of repetitive photocopying, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, shoulder, wrist and hand pain. The applicant was not working, it was acknowledged. The applicant was already using Ambien for sleep, it was reported. 8/10 pain complaints were reported. The applicant was placed off of work, on total temporary disability. Drug testing was endorsed. Tramadol and Ambien were seemingly renewed. The applicant was using Tramadol at a rate of up to 6 tablets a day, it was suggested. In an earlier note dated November 11, 2014, the applicant was, once again, placed off of work, on total temporary disability. Ambien and Tylenol No. 3 were renewed. Once again, the applicant's complete medication list was not detailed. The applicant reported 6 to 8/10 pain complaints. The attending provider stated that the applicant's medications were beneficial toward the top of the report, but did not elaborate further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Lidocaine cream 20/5% 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** No, the request for a Flurbiprofen-lidocaine containing topical cream was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the cervical spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is "little evidence" to utilize topical NSAIDs such as Flurbiprofen, the primary ingredient in the compound, in the treatment of spine, hip, and/or shoulder. Here, as noted previously, the applicant's primary pain generator was, in fact, the cervical spine, i.e., body part for which there is "little evidence" to utilize topical NSAIDs such as Flurbiprofen, the primary ingredient in the compound. If one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 11 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Ultram 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram), Weaning of Medications Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Ultram (Tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged, despite ongoing usage of Ultram (Tramadol). The applicant continues to report pain complaints as high as 8/10, despite ongoing Tramadol (Ultram) usage. While the attending provider did state that ongoing usage of medications was beneficial, this was not quantified, elaborated or expounded upon. The attending provider likewise failed to outline evidence of meaningful, material, and/or substantive improvement in function effected as a result of ongoing Tramadol usage (if any). Therefore, the request was not medically necessary.

**Ambien 5mg #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 (ODG), Pain, Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration indications and usage: Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** Similarly, the request for Ambien, a sleep aide, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the request for Ambien represents a renewal or extension request for the same. The applicant had already been using Ambien for minimum of several months through the date of the request. Continued usage of the same, thus, ran counter to the FDA label. The attending provider failed to furnish compelling evidence or a compelling applicant specific rationale, which would support such usage. Therefore, the request was not medically necessary.