

<b>Case Number:</b>	CM15-0119946		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/30/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 65-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of October 30, 2010. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve requests for tramadol, Flexeril, Norco, and a ketoprofen-containing topical compound. The claims administrator referenced a June 10, 2015 RFA form and associated progress notes of May 28, 2015 and April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant reported 5-7/10 low back, hip, and shoulder pain. The applicant was on tramadol, Flexeril, Ambien, and Norco, it was reported. Multifocal complaints of hip, low back, and shoulder pain were reported. The applicant was asked to continue manipulative. An updated lumbar MRI was sought. A topical compounded agent was renewed. The applicant did have derivative complaints of depression, it was acknowledged. The applicant was off of work, it was further noted, admittedly through pre-printed checkboxes. Little-to-no discussion of medication efficacy transpired, although the attending provider stated in one section of the note that the applicant reported diminution of pain and unspecified improvements in activity with the topical compounded agent in one section of the note. On April 30, 2015, the applicant again reported 5-7/10 hip, shoulder, and low back pain complaints, despite ongoing tramadol, Flexeril, Neurontin, Ambien, and Norco usage. Permanent work restrictions were renewed. The applicant had failed to return to work, it was acknowledged, admittedly through usage of pre-printed checkboxes. The applicant had developed associated depression, it was further noted. Permanent work

restrictions were renewed, although it did not appear that the applicant was working with said limitations in place.

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

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

#### **Tramadol ER 100mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 93-94, 113.

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

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was 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 had failed to return to work, it was reported on April 30, 2015 and May 28, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material, or substantive improvements in function (if any) effected as a result of ongoing tramadol usage on the May 28, 2015 progress note at issue. Therefore, the request was not medically necessary.

#### **Cyclobenzaprine 7.5mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol, Norco, topical compounds, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

#### **Hydrocodone 10/325mg Qty 45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

**Decision rationale:** Similarly, the request for hydrocodone-acetaminophen (Norco), a short-acting 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 remained off of work, it was reported on the May 28, 2015 progress note at issue. The attending provider failed to outline quantifiable decrements in pain or meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage on that date. Therefore, the request was not medically necessary.

**Topical NSAID 300gm with 3 refills Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2% and Sodium Hyaluronate 0.2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112 of 127.

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

**Decision rationale:** Finally, the request for a ketoprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not FDA approved for topical application. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.