

<b>Case Number:</b>	CM15-0171044		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	12/29/2010
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: 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 injured worker is a 53 year old female, who sustained an industrial injury on 12-29-2010. The mechanism of injury was not provided. The injured worker was diagnosed as having lumbar sprain-strain, right wrist sprain-strain, anxiety and depression. A recent progress report dated 7-15-2015, reported the injured worker complained of severe low back pain rated 8 out of 10, moderate wrist pain rated 7 out of 10 and depression-anxiety. Physical examination revealed "decreased lumbar range of motion" with tenderness and spasm and right wrist "decreased range of motion" with tenderness and spasm. Radiology studies were not provided. Treatment to date has included physical therapy and medication management. The physician is requesting Tramadol 50 mg #90, Xanax 1mg #60, Cyclobenzaprine 7.5mg #90, Motrin 800mg #60, Protonix 20 mg #60, Compound cream Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2%, thirty grams dispensed from office and then 240 grams mailed to patient and Compound cream Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2%, thirty grams dispensed from office and then 240 grams mailed to patient. On 8-18-2015, the Utilization Review noncertified Tramadol 50mg #90 due to the lack of documented objective functional benefit. The Utilization Review noncertified Ambien 10mg #30 due to there is no information how long the injured worker has been taking this medication and it is only intended for short term use. The Utilization Review noncertified Xanax 1mg #60 due to lack of documented objective functional benefit and lack of information how long the injured worker has been taking this medication and it is only intended for short term use. The Utilization Review noncertified Cyclobenzaprine 7.5mg #90 due to the lack of documented objective

functional benefit. The Utilization Review noncertified Motrin 800mg #60 due to the lack of documented objective functional benefit. The Utilization Review noncertified Protonix 20mg #60 due to lack of documented gastrointestinal complaints and efficacy of medication. The Utilization Review noncertified Compound cream Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2%, thirty grams dispensed from office and then 240 grams mailed to patient due to topical muscle relaxants are not supported. The Utilization Review noncertified Compound Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic acid 0.2%, thirty grams dispensed from the office then 240 grams mailed to patient due to there is no support for topical Amitriptyline.

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

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

**Tramadol 50 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol 50 mg, ninety count is not medically necessary.

**Ambien 10 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10 mg, thirty count is not medically necessary.

**Xanax 1 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax 1 mg, sixty count is not medically necessary.

**Cyclobenzaprine 7.5 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cyclobenzaprine 7.5 mg, ninety count is not medically necessary.

**Motrin 800 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Motrin 800 mg, sixty count is not medically necessary.

**Protonix 20 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Protonix 20 mg, sixty count is not medically necessary.

**Compound cream Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2%, thirty grams dispensed from office and then 240 grams mailed to patient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Additionally, Flurbiprofen topical is not supported by the MTUS. Compound cream Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2%, thirty grams dispensed from office and then 240 grams mailed to patient is not medically necessary.

**Compound Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic acid 0.2%, thirty grams dispensed from the office then 240 grams mailed to patient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Compound Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic acid 0.2%, thirty grams dispensed from the office then 240 grams mailed to patient is not medically necessary.

