

<b>Case Number:</b>	CM15-0092248		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Indiana

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 56-year-old male with an industrial injury dated 8/26/2013. The injured worker's diagnoses include cervical spine musculoligamentous sprain/strain, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain with radiculitis, bilateral shoulder sprain/strain, left shoulder impingement/tendinopathy, bilateral elbow sprain/strain and lateral epicondylitis, bilateral wrist sprain/strain, carpal tunnel syndrome, right knee sprain/strain, right foot sprain/strain, right great toe contusion, situational depression/anxiety, and sleep disturbance secondary to pain. Treatment consisted of Electromyography (EMG)/Nerve conduction velocity (NCV), Magnetic Resonance Imaging (MRI) dated 12/21/2013, prescribed medications, extracorporeal shockwave treatments, acupuncture therapy and periodic follow up visits. In a progress note dated 4/09/2014, the injured worker reported pain in the neck, mid/upper back, lower back, bilateral shoulders/arms, bilateral elbows/forearms, right knee and right ankle foot. The injured worker also reported pain and numbness in the bilateral wrist/hands. Objective findings revealed tenderness to palpitation over the cervical, thoracic and lumbar paraspinal muscles, unchanged from previous visit and restricted range of motion in the cervical, thoracic and lumbar spine. Positive bilateral straight leg raises and positive cervical compression test were noted on examination. Tenderness to palpitation in the bilateral shoulder, bilateral arms, bilateral elbows, bilateral forearms, bilateral wrist/hands, right knee, right ankle and right foot were also noted on examination. The treating physician prescribed services for retrospective acupuncture 9 visits between 4/9/14 and 5/15/14, retrospective urine toxicology 4/15/14, retrospective Fluriflex 180 gm between 4/9/14 and 4/25/14, Retrospective TGHOT 180 gm between 4/9/14 and 4/25/14 and retrospective Cyclobenzaprine 7.5 mg #60 between 4/9/14 and 4/25/14 now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective acupuncture 9 visits between 4/9/14 and 5/15/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Acupuncture.

**Decision rationale:** MTUS "Acupuncture Medical Treatment Guidelines" state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. " The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications is not tolerated. ODG states regarding Acupuncture of the neck and upper back, "Under study for upper back, but not recommended for neck pain." Additionally, "ODG Acupuncture Guidelines: Initial trial of 3- 4 visits over 2 weeks." Medical notes do appear to indicate prior acupuncture sessions. However, there is no detail as to the pain reduction or function benefits from these sessions and what the plan is for the 9 visits in question. Therefore, the request is not medically necessary.

### **Retrospective urine toxicology 4/15/14: 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), urine drug testing, pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids; abuse Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: Low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. -high risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request for retrospective urinalysis drug screening is not medically necessary.

### **Retrospective Fluriflex 180 gm between 4/9/14 and 4/25/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant, topical, NSAID.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurflex is a topical compound made of Flurbiprofen and Cyclobenzaprine. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. This compound contains two substances which are not indicated for topical usage per MTUS. As such, the request is not medically necessary.

**Retrospective TGHOT 180 gm between 4/9/14 and 4/25/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical Guide Hot or TG Hot is a compound made from Tramadol /Gabapentin /Menthol /Camphor /Capsaicin. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. MTUS states that topical Gabapentin is not recommended. Additionally, MTUS clearly states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. " In this compound Tramadol and Gabapentin are

not indicated for topical usage. As such, the request is not medically necessary.

**Retrospective Cyclobenzaprine 7.5 mg #60 between 4/9/14 and 4/25/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics; cyclobenzaprine Page(s): 41-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. " The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. " Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request is not medically necessary.