Case Number:	CM17-0007300		
Date Assigned:	01/13/2017	**Date of Injury:**	11/13/2016
Decision Date:	02/09/2017	**UR Denial Date:**	01/05/2017
Priority:	Standard	**Application Received:**	01/10/2017

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: Iowa, Montana, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

According to medical records available for review, the injured worker is a 28 year old female, who sustained an industrial injury on 11-13-2016. The injured worker is currently able to return to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for a left ankle sprain. Treatment and diagnostics to date have included radiographic imaging, physical therapy, and medications. Recently prescribed medications have included Tramadol, Etodolac, Orphenadrine, Acetaminophen, Trezix, and topical analgesic creams. Subjective data (12-23-2016) included left ankle pain. Objective findings (12-23-2016) included tenderness to palpation over the anterolateral and medial aspect of the ankle. The request for authorization dated 12-29-2016 requested an MRI of the left ankle, Flurbiprofen 10%-Cyclobenzaprine 3%-Gabapentin 6%-Lidocaine 5%-Dextromethorphan, and Trezix 320.5-30-16mg (1 tablet twice a day as needed). The Utilization Review report, with a decision date of 01-05-2017, modified the request for 1 month supply of Trezix capsules 320.5-30-16mg to 5 capsules only and non-certified the request for 1 container of Flurbiprofen 10%-Cyclobenzaprine 3%-Gabapentin 6%-Lidocaine 5%-Dextromethorphan.

IMR ISSUES, DECISIONS AND RATIONALES

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

One container of Flurbiprofen 10%, Cyclobenzaprine 3%, Gabapentin 6%, Lidocaine 5%/Dextromethorphan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics, compounded.

Decision rationale: MTUS 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. The treating physician has not provided documentation to go against guideline recommendations. As such, the request for one container of Flurbiprofen 10%, Cyclobenzaprine 3%, Gabapentin 6%, Lidocaine 5%/Dextromethorphan is not medically necessary.

One month supply of Trezix capsule 320.5/30/16mg was the original request. The Claims Administrator authorized Trezix capsule 320.5/30/16mg #5, leaving the original request IMR eligible. The original request, one month supply of Trezix capsule 30.5/30/16mg is: Upheld

Claims Administrator guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3. Opioids for Chronic Pain and Chronic Opioid Treatment: Overview of Recommendations Regarding Chronic Opioid Treatment, 3.3.4 Opioids for Chronic Pain and Chronic Opioid Treatment: Use of CURES to Ensure Safe and Effective Opioid Use, 3.3.5 Opioids for Chronic Pain and Chronic Opioid Treatment: Use of Tools to Monitor Patients on Chronic Opioid Treatment, 4.1 Tapering Opioids: Indications for Tapering Opioids.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.9 Opioids for Chronic Pain and Chronic Opioid Treatment: Maintenance of Chronic Opioid Treatment.

Decision rationale: MTUS States "Once a stable dose of opioid has been established (maintenance period), patients should have regular face-to-face visits with their provider (at least every three [3] months is recommended as good practice but alternate schedules may be considered if the need is documented). At these visits, the provider should monitor treatment goals, analgesia, activity (function), adverse effects, and aberrant behaviors. 1. Consider during chronic opioid treatment: Patients who receive chronic maintenance doses of opioids should not meet criteria for tapering. (See Section 4.1, Indications for Tapering Opioids) Additional testing

as may be deemed necessary to monitor and treat patients receiving chronic opioid treatment is considered part of a medically necessary treatment and monitoring program. 2. Document the "four A's" at each visit during the maintenance phase of chronic opioid treatment. [121] (See Section 3.3.8, Opioid Titration and Dosing Threshold) If the patient fails to meet any of the following four criteria, 13 the treatment should be reevaluated, including consideration of tapering. (See Section 4, Tapering Opioids) a. Analgesia: Meaningful improvement in level of pain. b. Activity: Meaningful improvement in pain interference or function. c. Adverse events: Whether the medication is causing severe side effects. d. Aberrant behavior: Current substance use disorder or evidence of diversion. If the patient has had a history of opioid use disorder, the concurrence of an addiction specialist is recommended to continue opioid treatment as well as for dose escalation. 3. Conduct semiannual attempts to wean to lower than 80 mg/day MED in patients whose dose is above 80 mg/day MED, and who have been on that dose or higher for at least 180 days (i.e., six [6] months). [84, 89, 90] Opioid medication should never be abruptly discontinued in any patient who has been treated for longer than two (2) weeks. In these patients, opioid doses should be reduced gradually as tolerated, while monitoring for symptoms of withdrawal or other adverse impact, including increase in pain, or decrease in function. (See Section 4.2, Methods for Tapering Opioids) Referral to a pain specialist may be considered. 4. Advise patients at each evaluation regarding responsible storage and disposal of opioid medications. (See Section 11, Responsible Storage and Disposal of Opioid Medications) 5. Recommend that patients on chronic opioid use not perform safety-sensitive jobs, such as operating heavy equipment and motor vehicles. [69] Caution patients about the potential adverse effects of opioid medications, including impacts on alertness, when engaging in personal activities." The patient is beyond the acute phase of injury. The treating physician fails to document failure of other treatment methods, comprehensive screening evaluation, and the CURES has been queried. This decision addresses the medical necessity of opioids as they have been prescribed to this injured worker. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the injured worker is advised to speak with their treating physician. The treating physician and the injured worker are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this injured worker. One month supply of Trezix capsule 320.5/30/16mg was the original request. The Claims Administrator authorized Trezix capsule 320.5/30/16mg #5, leaving the original request IMR eligible. The original request, one month supply of Trezix capsule 30.5/30/16mg, is not medically necessary.