

<b>Case Number:</b>	CM13-0010226		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 has filed a claim for chronic shoulder pain, chronic low back pain, chronic neck pain, and depression associated with an industrial injury of April 6, 2000. Thus far, the claimant has been treated with the following: Analgesic medications, including long and short-acting opioids; adjuvant medications; antidepressant medications; medical foods; a prior shoulder corticosteroid injection; topical compounds; prior cervical discectomy and fusion; prior lumbar microdiscectomy; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations in place. A clinical progress note of October 14, 2013 is notable for comments that the applicant reports persistent neck and low back pain radiating down the arms and legs. The applicant states that OxyContin usage decreased his pain significantly, from 9/10 without medications to 2-3/10 without medications. He is able to stand, walk, and reach above shoulder level at least "50% better" through OxyContin usage. He is able to do personal hygiene activities through OxyContin usage. He is having some issues with dreaming and hypersomnolence associated with Neurontin usage. It is further noted on October 14, 2013 that the applicant had had a prior shoulder corticosteroid in the past which resulted in reduction of shoulder pain by 50% for several months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid injection, right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines, invasive techniques such as shoulder corticosteroid injection do have limited proven value. The total number of injections should be limited to three per episode, it is stated, allowing for assessment of benefit between injections. In this case, the applicant has had one prior shoulder corticosteroid injection and reportedly effected a substantial reduction in pain and improved shoulder motion as a result of the prior shoulder corticosteroid injection. Pursuit of a repeat injection is appropriate, in this context. The request for a right shoulder corticosteroid injection is medically necessary and appropriate.

**Doxepin 3.3% cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines, oral pharmaceuticals are a first line palliative method. In this case, the claimant is using numerous first line oral pharmaceuticals, including Effexor, OxyContin, etc. with reported good relief, effectively obviating the need for topical agents or topical compounds, which are, per the Chronic pain guidelines, largely experimental. The request for Doxepin cream is not medically necessary and appropriate.

**Tizanidine 4mg, #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, one of the side effects of tizanidine is hypersomnolence. In this case, the applicant is already reporting ongoing issues with somnolence associated with Neurontin usage. Continued usage of tizanidine would likely amplify the applicant's ongoing issues with hypersomnolence. It is further noted that tizanidine is being employed off label for back pain purposes. In this case, continued off label usage of tizanidine in the face of the applicant's reporting ongoing issues with sedation is not indicated. The request for tizanidine is not medically necessary and appropriate.

**Ketamine 5% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, however, the applicant is using a primary treatment for neuropathic pain, namely an atypical antidepressant, Effexor, with reported good results. Usage of the ketamine containing compound in this context is not recommended. The request for ketamine cream is not medically necessary and appropriate.

**Oxycontin 80mg, #90:** Overturned

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

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, the claimant seemingly meets two of the three aforementioned criteria. Although he has not returned to work, he does report improved performance of activities of daily living, improved range of motion, increased ability to perform household chores, increased ability to lift overhead, etc. through ongoing OxyContin usage. His pain scores are substantially reduced by self report following usage of OxyContin. Continuing OxyContin in this context is therefore indicated and appropriate. The request for OxyContin 80mg #90 is medically necessary and appropriate.

**Sentra, PM #60:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Medical Food..

**Decision rationale:** The MTUS does not address this topic. As noted in the ODG chronic pain chapter medical foods topic, medical foods are not recommended as medical treatment unless there is evidence that a claimant has a condition or diagnosis that carries a specific nutritive requirement. In this case, the applicant's chronic pain syndrome does not have any specific nutritive requirement. The request for Sentra PM is not medically necessary and appropriate.

