

<b>Case Number:</b>	CM13-0034155		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 physical medicine and rehabilitation, 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.

### 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 patient is a 62-year-old female who reported an injury on 07/02/2002 and has had ongoing treatment for chronic neck pain. The patient has had complaints of constant severe neck pain that radiates into both shoulders, with shooting, burning, and tingling pain in both upper extremities. The patient is status post cervical fusion from the C3 through T1 which was performed in 2005. She has previously undergone cervical epidural steroid injections without significant benefit and has also undergone physical therapy also, without long-term benefit. The patient rated her pain as a 3/10 to 5/10 with the use of her medications, and an 8/10 to 9/10 without. She also stated she has significant functional improvement with improved ability to participate in activities of daily living as well as decreased pain with her current medications. On the most recent clinical date of 09/17/2013, the patient again was seen for constant, severe neck pain with the radiating pain to both shoulders. At the time of this documentation, the patient rated her pain as a 5/10 with medications and a 9/10 without, as well as rating her improvement at a 40% to 50% with her current medication use. The patient states that without medications she has virtually no quality of life and has very limited ability to participate in activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended release morphine (dosage and schedule not provided): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): s 74-96.

**Decision rationale:** Under California MTUS, morphine is the most widely used type of opioid analgesic for the treatment of moderate to severe pain due to its availability, and the range of doses offered, and its low cost. Therapeutic trials of opioids are determined after other reasonable alternatives to treatment have been tried. The likelihood of a patient abusing or having adverse outcomes from the use of opioids must also be determined prior to initiating continued use of opioids. As the patient was documented as having used other narcotics to treat her pain, the addition of extended release morphine is considered excessive. The patient states that without her medications she would be unable to properly function on a daily basis. However, according to the documentation, the patient has had no significant improvement in her overall pain relief with the use of her medication. Comparing the clinical notes from 06/2013 to the 09/2013 notes the pain is unchanged with the use of the same medications. There is no statement from the physician indicating he is switching the patient's medication from one narcotic to the other; thus the reason for the prescription request for Morphine. Furthermore, the physician has failed to include the dosage and number of tablets he wishes to have prescribed to the patient. Therefore, at this time, the requested service cannot be fulfilled and is non-certified.

**Norco 10/325 mg #90 per 30 days:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): s 74-96.

**Decision rationale:** Under California MTUS Guidelines, it states that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal (hyperalgesia), and change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases in medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important therefore, to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require a weaning period. As noted in the documentation dated 09/17/2013, the patient was previously taking the same dosage of Norco (at 10/325mg), but at 4 times a day with a total of 8 tablets being used daily. At this time, the physician is requesting a reduced number of tablets indicating the patient is in the process of weaning herself from this medication. Therefore, the request for Norco 10/325 mg a total of 90 tablets for 30 days would be considered medically appropriate in order for this patient to continue reducing the use of the medication.

**Continuation of baclofen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
ANTISPASTICITY DRUGS Page(s): 64.

**Decision rationale:** Under California MTUS Guidelines, it states that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It has also been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The patient had previously used baclofen but discontinued the use due to being unable to tolerate the sedation during the day. The documentation does state that the patient has severe 2+ muscle spasms noted in the bilateral cervical paraspinous muscles and trapezius muscles bilaterally. However, the physician has failed to request the dosage for the baclofen as well as the number of tablets he wishes for the patient to utilize. Therefore, at this time, the requested service cannot be fulfilled and is non-certified.

**Topical compound of ketoprofen, gabapentin, lidocaine, baclofen, and cyclobenzaprine:**  
Upheld

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

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

**Decision rationale:** Under California MTUS Guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. The requested service includes several of the abovementioned ingredients. Ketoprofen is not currently FDA approved for topical application as it has an extremely high incidence of photo contact dermatitis. Lidocaine is a local anesthetic which is also not approved for a compounded topical analgesic. Baclofen is also not recommended as a topical analgesic as there is only currently one phase III study of baclofen/amitriptyline/Ketamine gel in cancer patients for treatment of chemotherapy induced peripheral neuropathy. There is no peer reviewed literature to support the use of topical baclofen. Gabapentin has also not been recommended for topical use as there is no peer reviewed literature to support it as well. At this time, the patient is already utilizing oral narcotics as a means to help at reducing her pain and improving her functional ability. However, with the non-recommendation for the use of this compounded topical analgesic, the requested service cannot be warranted at this time. As such, the requested service is non-certified.