

<b>Case Number:</b>	CM13-0055612		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/19/2006
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 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/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 patient is a 39-year-old female with a date of injury of 07/19/2006. According to a report dated 11/04/2013 by [REDACTED], the patient presents with continued lumbar spine, right ankle, left shoulder, and left knee pain. She states that the pain has flared up considerably in the past couple of weeks due to the weather change. The patient's pain is 2/10 with medication and 8/10 without medication. Pain has averaged 8-9/10 over the preceding week. There is no further physical examination reporting. Reports from 09/22/2013 and 08/30/2013 also do not provide physical examinations. Report dated 08/09/2013 indicates patient has 50% reduction in pain with her medication. She is complaining of radicular leg pain. Her right shoulder continues to be painful, limited in strength and motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL NO.3, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** This patient presents with continued lumbar spine, right ankle, left shoulder, and left knee pain. The physician is requesting a refill of Tylenol No. 3. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, MTUS states, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Medical records show this patient has been taking Tylenol #3 since 01/31/2013. The physician in his reports from 01/31/2013 to 11/04/2013 documents pain levels with and without medication using a numerical scale. In this case, there are no discussions regarding any specific functional improvement from Tylenol #3 use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of opiate use. MTUS requires not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

**Decision rationale:** This patient presents with continued lumbar spine, right ankle, left shoulder, and left knee pain. The physician is requesting a "urine drug screen as recommended by ODG to assess medication complaints and identify possible drug diversion." Medical records indicate the patient has had monthly Urine Drug Screens from April to October 2013. Two out of the six results were not consistent with the medications prescribed. While MTUS Guidelines do not specifically address Final Determination Letter for IMR Case Number [REDACTED] how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. The patient has had 2 inconsistent results. However, given the patient's recent 4 UDS were consistent an additional test is not warranted at this time. ODG recommends 2 to 3 times per year. The patient had 6 by 10/10/2013. Recommendation is for denial.

**GABAKETOLIDO CREAM 240GM:** 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): 111.

**Decision rationale:** This patient presents with continued lumbar spine, right ankle, left shoulder, and left knee pain. The physician is requesting a topical cream including Gabapentin, Ketoprofen and Lidocaine. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines page 111 supports the use of topical NSAIDs for peripheral joint arthritis or tendonitis; however, non-FDA approved agents like Ketoprofen is not recommended for any topical use. MTUS further states this agent is not currently FDA approved for a topical application. "It has an extremely high incidence of photocontact dermatitis." Furthermore, Gabapentin is not recommended as a topical formulation. Recommendation is for denial.

**ONE (1) INTRAMUSCULAR INJECTION OF TORADOL 60MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**Decision rationale:** This patient presents with continued lumbar spine, right ankle, left shoulder, and left knee pain. The physician is requesting an intramuscular injection of Toradol. The MTUS Guidelines page 70 under NSAIDs, specific drug list and adverse effects states, "recommended with cautions below: Disease-state warnings for all NSAIDs, all NSAIDs have US boxed warnings for associated risk of adverse cardiovascular events including MI, stroke, and new onset or worsening of pre-existing hypertension. Boxed warning for Ketorolac 10 mg states that medication is not indicated for minor or chronic painful conditions." Furthermore, the Academic Emergency Medicine volume V page 118 to 122 states "intramuscular Ketorolac versus oral ibuprofen in emergency room department patients with acute pain." Study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The requested Toradol intramuscular injection is not medically necessary and recommendation is for denial.