

<b>Case Number:</b>	CM14-0024713		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/19/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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 injured worker is a 54-year-old male who reported an injury on 12/19/2010 after the patient was kicked in the face. The injured worker reportedly sustained an injury to his nose, left thumb and cervical spine. The injured worker's treatment history included physical therapy, cervical steroid injections, medial branch blocks, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 01/09/2014. It was documented that injured worker had continued pain levels rated at a 6/10 to 6/10 exacerbated by physical activity and stress. Physical findings included restricted cervical spine range of motion secondary to pain with a positive right-sided foraminal compression test. The injured worker's diagnoses included cervical spine sprain/strain, cervical facet arthropathy, right greater occipital neuralgia, radicular symptoms of the cervical spine, and right index finger tingling. The injured worker's treatment plan included continued medications, a urine drug screen, and a facet block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 1/325MP #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 68.

**Decision rationale:** The requested Norco "1/325 mp" every 8 to 12 hours for severe pain #60 is not medically necessary or appropriate. The clinical documentation submitted for review indicates that the injured worker has been on this medication since at least 06/2013. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does support that the injured worker is monitored for aberrant behavior. However, the clinical documentation fails to provide any evidence of functional benefit or pain relief resulting from the use of this medication. Therefore, ongoing use would not support. As such, the requested Norco "1/325 mp" every 8 to 12 hours for severe pain #60 is not medically necessary or appropriate.

**SKELAXIN 800MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation ODG, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Skelaxin 800 mg twice a day #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 10/2013. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for chronic pain. The California Medical Treatment Utilization Schedule recommends muscle relaxants be used for acute exacerbations of chronic pain in short durations of treatment not to exceed 2 to 3 weeks. The clinical documentation does indicate that the injured worker has already been on this medication for extended treatment duration. Therefore, continued use would not be supported. Additionally, the clinical documentation does not provide any functional benefit or pain relief to support extending treatment beyond guideline recommendations. As such, the requested Skelaxin 800 mg by mouth twice a day #60 is not medically necessary or appropriate.

**COMPOUND CREAM KETOPROFEN/TRAMADOL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119. Decision based on Non-MTUS Citation ODG Pain Chapter, Compounded Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative

care: a systematic review B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier.

**Decision rationale:** The requested compounded cream ketoprofen/tramadol is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of ketoprofen in a topical analgesic as it is non-FDA approved in this formulation. Additionally, peer-reviewed literature does not support the use of opioids in topical formulations as there is little scientific evidence to support the efficacy and safety of these medications. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested compound cream ketoprofen/tramadol is not medically necessary or appropriate.

**COMPOUND CREAM CYCLOBENZAPRINE /GABAPENTIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119. Decision based on Non-MTUS Citation ODG Pain Chapter, Compounded Topical Medications.

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

**Decision rationale:** The requested compounded cream cyclobenzaprine/gabapentin is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants or anticonvulsants as topical analgesics as there is little scientific evidence to support the efficacy and safety of these medications. Additionally, the clinical documentation does not provide any evidence of pain relief resulting from the use of this medication. Therefore, continued use would not be supported. As such, the requested compound cream cyclobenzaprine/gabapentin is not medically necessary or appropriate.