

<b>Case Number:</b>	CM14-0029436		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 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:

This is a 52 year old male injured worker with date of injury of 12/8/09 with related neck pain. Per the 5/27/14 progress report, he reported significant aggravation of his neck pain with extreme numbness and tingling down into the hands, left greater than right. He was having difficulty fully gripping especially with his right hand. The pain seemed to involve the entire left upper extremity and down into the right forearm and wrist. He stated recently increasing his Norco from two times a day to three times a day due to pain. An MRI of the cervical spine dated 7/25/12 revealed post C5-C6 anterior cervical discectomy and fusion with anterior interbody osseous fusion, multifactorial degenerative changes in bilateral C5-C6, moderate right and severe left C6-C7 and moderate bilateral C7-T1 neuroforaminal stenosis, mild spinal canal narrowing of C6-C7, and mild grade I anterolisthesis of C7 on T1 measuring 3mm. An EMG/NCV study dated 10/13/13 revealed chronic left L5 radiculopathy and axonal polyneuropathy. He has a recent history of alcohol abuse with elevated liver function test and a urine drug screen positive for alcohol. The documentation does not state if physical therapy was utilized. He has been treated with cervical epidural steroid injection (12/28/13) and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 100 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. A review of the available medical records reveals no documentation addressing pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior are present in the form of urine drug screening on 5/31/14, which was consistent with prescribed medications and was positive for marijuana. Per the MTUS guidelines, the use of illicit drugs and/or alcohol is grounds for immediate discontinuation of opioids. There is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Neurontin 600 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 18.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin has been found to be safe and efficacious to treat pain and other symptoms. The MTUS covers this medication first line for neuropathic pain; as the injured worker's radicular pain is neuropathic, the request is medically necessary.

**Norco 10/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. A review of the available medical records reveals no documentation addressing pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior are present in the form of urine drug screening on 5/31/14, which was consistent with prescribed medications and was positive for marijuana. Per the MTUS guidelines, the use of illicit drugs and/or alcohol is grounds for immediate discontinuation of opioids. There is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Flexeril 7.5 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Per the 5/27/14 physical exam, there is significant tenderness in the cervical paraspinal musculature with taut muscle bands and muscle spasms throughout the cervical spine. Range of motion is significantly decreased due to pain and tenderness. Cervical compression does cause reproduction of radicular pattern of pain into the bilateral upper extremities. The documentation does not indicate that this medication was being used long term; as such its effect cannot have been documented. The request is medically necessary.

**Ketoprofen/Capsaicin/Methyl compound rub:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen is not currently FDA approved for a topical application as it has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Capsaicin may have an indication for chronic lower back pain in this context. Per the MTUS, there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Methyl salicylate may also have an indication for chronic pain in this context. Per the MTUS, topical salicylates (e.g., Ben-Gay, methyl salicylate) are significantly better than placebo in chronic pain. However, the MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As Ketoprofen is not FDA approved, the compound is not medically indicated. Furthermore, the MTUS supports topical NSAIDs primarily for joint pain, not for lower back pain. Medical necessity cannot be affirmed.