

<b>Case Number:</b>	CM14-0033916		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/10/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 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 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 42-year-old female with a 10/10/09 date of injury. According to a progress report dated 7/10/14, the patient stated that her overall condition has remained constant since her last visit. The patient continues to await authorization for a general surgeon consultation in regards to GI complaints. She reported aching, stabbing, burning, numbness, and tingling to the lower back with radiation of numbness and aching pain to the bilateral lower extremity extending down to the toes. She rated her back pain at a 7/10. She rated her back pain at a 7/10. Objective findings: tenderness to palpation of lumbar paraspinals, limited range of motion of the lumbar spine, decreased sensation to bilateral L5 dermatomes. Diagnostic impression: HNP of the lumbar spine with stenosis, lumbar radiculopathy, GI upset with medications, especially with NSAIDS. Treatment to date: medication management, activity modification, ESI, chiropractic therapy, acupuncture therapy. A UR decision dated 2/19/14 denied the requests for ongoing care with general surgeon, CM3-ketoprofen, and cyclobenzaprine. The request for tramadol was modified from 30 tablets to 15 tablets for weaning purposes. Regarding ongoing care with general surgeon, the records submitted for review do not provide any evidence that the patient needs GI surgical follow-up, although she was previously approved for a consult, there were no GI clinical notes submitted for review. Regarding CM3-Ketoprofen, ketoprofen is not approved for topical application as it has an extremely high incidence of photocontact dermatitis. Regarding cyclobenzaprine, there is no evidence that any first-line medications have been attempted and failed and the current request for a 2-month supply exceeds Guideline recommendations of 3 weeks. Regarding Tramadol, the clinical records submitted for review state that the patient has experienced adverse GI side effects and has been utilizing tramadol since at least 2011, thereby exceeding recommendations.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing care with general surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the present case, the provider has requested ongoing care with a general surgeon for the patient's GI complaints. However, it is noted that the patient's GI upset is related to medication use, especially NSAIDS. There is no documentation that the provider has attempted to adjust her medication regimen. There is no discussion by the provider regarding other treatment options the patient has tried and failed. A specific rationale as to why the patient requires a consultation with a general surgeon was not provided. Therefore, the request for Ongoing care with general surgeon is not medically necessary.

**CM3-Ketoprofen 20%:** 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 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, guidelines do not support the use of the NSAID, ketoprofen, in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for CM3-Ketoprofen 20% is not medically necessary.

**Cyclobenzaprine 7.5 mg #50:** 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 9792.24.2 Muscle Relaxants Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records reviewed, this patient has been on cyclobenzaprine since at least 12/9/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine 7.5 mg #50 is not medically necessary.

**Tramadol ER 150mg #30:** 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 9792.24.2 Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary.