

<b>Case Number:</b>	CM14-0042014		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/10/1979
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 and Rehabilitation, has a subspecialty certificate in 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:

The injured worker is a 62-year-old male who reported an injury on 08/10/1979. The mechanism of injury was not provided. His diagnoses include lumbar radiculopathy, chronic pain syndrome, bilateral internal derangement, myofascial syndrome, neuropathic pain, and prescription narcotic dependency. His past treatments included medication and physical therapy. Per the most recent clinical note dated 03/21/2014, the injured worker reported low back and bilateral knee pain, rated 7/10 without medications and 4/10 with medications. He also reported that his knees had been giving out on him and he had been falling. The physician reported that the injured worker's urine drug screen had been positive for marijuana and alcohol; however, the injured worker had a cannabis card and with cannabis it helped the injured worker to maintain a relative low dose of Norco. His medications include Norco 5/325 mg, Celebrex 200 mg, Cidaflex, Ketofen ointment, Trepadone, and Percura. The treatment plan included a refill for Norco 5/500 mg 1 by mouth at bedtime #90, refill Trepadone 2 by mouth 2 times daily #120 for joint pain, refill Percura 2 by mouth 2 times daily #120 for neuropathic pain, and he was given a Toradol injection for pain relief at the visit. The request for authorization for Norco and Ketofen ointment was provided on 02/04/2014. The rationale for these requests was not provided. The request for authorization for Trepadone and Percura was provided on 03/21/2014. The rationale for Trepadone was to treat joint pain and for Percura was to treat neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The current request Norco 5/325 mg #90 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors, and any adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. The documentation submitted for review indicated that the injured worker continued to have chronic pain in his low back and his bilateral knees. He rated the pain at a 7/10 without medications and a 4/10 with medications. The clinical documentation provided failed to indicate if the injured worker had functional improvement and the documentation did not provide a pain assessment that included the least reported pain over the period since last assessment and how long the pain relief lasts. Therefore, despite evidence of decreased pain control; in the absence of functional improvement with activities of daily living and a pain assessment to indicate the efficacy of the medication in terms of how long the pain relief lasts, the criteria for ongoing use of opioid medication has not been met. The request also failed to provide the frequency of the medication. As such, the request for Norco 5/325mg #90 is not medical necessary.

**Ketofen mild ointment:** Upheld

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

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

**Decision rationale:** The request for Ketofen mild ointment is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These medications may be useful for chronic musculoskeletal pain, but there is no long-term evidence of the efficacy or safety. The guidelines state that the Ketoprofen agent is not currently FDA approved for topical application and it has an extremely high incidence of photocontact dermatitis. Per the clinical documentation submitted, the injured worker has continued to have complaints of chronic low back and bilateral knee pain. Therefore, the clinical documentation provided failed to provide the efficacy of the medication and Ketoprofen is not currently FDA approved for topical application. The request also failed to provide the body part and frequency

that the medication was to be provided. As such, the request for Ketofen mild ointment is not medically necessary.

**Trepadone #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

**Decision rationale:** The request for Trepadone #120 is not medically necessary. The Official Disability Guidelines state that medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition that require distinctive nutritional requirement. To be considered the product must at a minimum meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition of which they are distinctive nutritional requirements; and (3) the product must be used under medical supervision. Trepadone is intended for use in the management of joint disorders associated with pain and inflammation. The clinical documentation provided indicated the injured worker continued to have joint pain in his bilateral knees and low back. However, there was no documentation provided for review to indicate a specific medical condition that required distinctive nutritional requirements. Therefore, due to the lack of documentation to indicate the injured worker had a condition that required distinctive nutritional requirements the request would not be supported. The request also failed to provide the frequency for the medication. As such, the request for Trepadone #120 is not medically necessary.

**Percura #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

**Decision rationale:** The request for Percura #120 is not medically necessary. The Official Disability Guidelines state that medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition that require distinctive nutritional requirement. To be considered the product must at a minimum meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition of which they are distinctive nutritional requirements; and (3) the product must be used under medical supervision. Percura is a medical

food consisting of proprietary blends of amino acid in specific portions for dietary management of the metabolic process associated with pain, inflammation, and loss of sensation due to peripheral neuropathy. The documentation provided indicated the medication was to be used for neuropathic pain. However, the guidelines indicate that medical food therapy is used for specific medical disorders of which there are distinctive nutritional requirements. Therefore, as there was no indication the injured worker had a medical condition that required distinctive nutritional requirements, the request would not be supported. The request also failed to include a frequency. As such, the request for Percura #120 is not medically necessary.