

<b>Case Number:</b>	CM14-0050098		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/24/2005
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### **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:

The applicant filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 24, 2005. Thus far, the applicant has been treated with the following, analgesic medications; attorney representations; topical compounds; adjuvant medications; muscle relaxants; and transfer of care to and from various providers in various specialties. The claims administrator's report was extremely difficult to follow. It appeared that in certain sections of the report, it is stated that continuation of Norco and Neurontin was reasonable while other sections of the report seemingly suggested that Norco and Neurontin were being conditionally certified. The applicant's attorney subsequently appealed. In a progress note dated March 5, 2014, the applicant presented with multifocal neck and low back pain complaints, with paresthesias radiating to the bilateral arms and bilateral legs. The applicant could not use NSAIDs owing to cardiac comorbidities, it was stated. The applicant reported 10/10 pain without medications and 4/10 pain with medications. The applicant stated that medications were keeping him functional, allowing for increased mobility, and allowing him to perform home exercises. The applicant's complete medication list apparently included Norco, Neurontin, Amrix, Klonopin, Cymbalta, Qvar, Flomax, and Mevacor. It was stated in one section of the report that the applicant was a mechanic, although it did not appear clear cut that the applicant was working. It was stated that the applicant was considering further cervical spine surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg (Hydrocodone-acetaminophen) 1 tab every 8 hours prn (as needed):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant's work status has not been clearly stated, the attending provider has documented requisite improvements in pain and function with ongoing Norco usage. The applicant's pain levels have dropped from 10/10 to 4/10 with Norco usage. The applicant is able to perform home exercises, ambulate, and activities of daily living with ongoing Norco usage, it has been posited. Therefore, the request is medically necessary.

**Gabapentin 600 mg 1 tab q 8 hours:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider prescribing gabapentin to document improvements in pain and function at each visit in applicants using gabapentin. In this case, the attending provider has established diminished pain complaints from 10/10 to 4/10 with ongoing medication usage, including ongoing gabapentin usage. The attending provider stated that ongoing medication usage, including ongoing gabapentin usage, ameliorates some of the applicant's neuropathic complaints and allows the applicant to maintain performance of home exercises. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**Amrix XR 15 mg q 24 hours 1 capsule q day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic, adjuvant, and psychotropic medications, including Norco, Neurontin, and Cymbalta. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

**BCFKL (Baclofen, Cyclobenzaprine, Flurbiprofen, Ketamine, Lidocaine) cream. Apply 1-2 pumps to affected area 3-4 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, two of the ingredients in the compound, namely baclofen and cyclobenzaprine, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals effectively obviates the need for the topical compound in question. Therefore, the request is not medically necessary.