

<b>Case Number:</b>	CM14-0075559		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 patient is a 54-year-old male who has submitted a claim for s/p right carpal tunnel release, multilevel herniated nucleus pulposus, lumbar spine, with facet arthropathy and foraminal stenosis, associated with an industrial injury date of December 20, 2004. Medical records from 2014 were reviewed. The latest progress report, dated 03/20/2014, showed pain and sensitivity around the surgical scar of his right hand, as well as some weakness with gripping and grasping. There was an acute exacerbation of back pain. The physical examination revealed a well healed surgical incision in the palmar aspect of the right hand. There was sensitivity surrounding the scar. He can fully flex the fingertips to the middle palmar crease and touch the tip of the thumb to the fifth metacarpal head. Grip strength was 5/5. There was tenderness on the lower lumbar paravertebral musculature. There was restriction in the range of motion. Strength of the lower extremities was globally intact. The treatment to date has included right carpal tunnel release (01/20/2014), physical therapy, and medications which include Norco and Soma since January 2014 and Ultracin lotion since March 2014. The utilization review from 05/02/2014 denied the request for the purchase of Norco 7.5/325 mg #60 with 2 refills and Soma 350mg #30 with 2 refills because there was no documentation of current exam findings, deficits or complaints. There was no evidence of objective signs of improvement with these medications. The request for Ultracin topical lotion 120 grams with 2 refills was denied because there were no peer review prospective studies showing that this medication affects outcome for the current pathology. It was not considered as standard of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #60 w/2 refills:** 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 Opioids, On-going , Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since January 2014. The medical records revealed no documentation of continued analgesia and functional benefit from Norco use. Furthermore, there was no documentation of toxicology screening and monitoring of adverse effects and aberrant behavior from its use. The medical necessity for continued use was not established because the guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 7.5/325mg #60 with 2 refills is not medically necessary.

**Ultracin topicla lotion 120grams w/2 refills:** 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 Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Salicylate Topicals.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ultracin Cream contains 3 active ingredients; methyl salicylate, menthol and capsaicin. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. Regarding the Menthol component, the California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, the California MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient is on Ultracin lotion since March 2014; however, there was no mention of the patient being intolerable to oral medications.

Furthermore, there is no discussion in the documentation concerning the need for use of topical analgesics. Therefore, the request for Ultracin topical lotion 120 grams with 2 refills is not medically necessary.

**Soma 350mg #30 w/2 refills:** 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 Carisoprodol (Soma) Page(s): 29, 65.

**Decision rationale:** As stated on pages 29 & 65 of California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as Hydrocodone, Tramadol, benzodiazepine and codeine. In this case, the patient has been using Soma as early as January 2014, which is beyond the recommended 2 to 3 week period. Furthermore, patient is likewise on Hydrocodone, which is not recommended to be used in conjunction with Carisoprodol as it has a high potential for abuse. Muscle spasms were not evident in the recent progress reports. There is no discussion regarding continued use of Soma. Therefore, the request for Soma 350mg #30 with 2 refills is not medically necessary.