

<b>Case Number:</b>	CM14-0087444		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 and is licensed to practice in Nevada. 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 55-year-old female who was reportedly injured on March 29, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 30, 2014, indicated that there were ongoing complaints of neck and upper extremity pain. The physical examination demonstrated a positive Finkelstein's test. Diagnostic imaging studies were not reviewed. Previous treatment included de Quervain's tenosynovitis injections, multiple medications, physical therapy, a trial of a spinal cord stimulator and stellate ganglion blocks. A request was made for multiple medications and was not certified in the pre-authorization process on May 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective use of Ketamine 5% cream (DOS: 01/08/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 OF 127.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, the use of topical muscle relaxant is not supported. There is one study outlining the possible use in cancer patients; however, this was not the case. Furthermore, there was no noted efficacy or utility. Therefore, based on the clinical information presented for review, this is not medically necessary.

**Retrospective use of Cyclobenzaprine 5mg #90 (dos 04/30/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41,64.

**Decision rationale:** California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for chronic pain. Furthermore, the efficacy of this medication has not been objectified in the progress notes. As such, the request is not medically necessary.

**Retrospective use of Tylenol #3/ Acetaminophen with Codeine # 30 (DOS: 04/30/14):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** As outlined in the California Medical treatment Utilization Schedule, this medication is limited for short-term management of moderate to severe breakthrough pain. Neither of those maladies was noted in the progress notes presented for review. There was nothing in the literature to suggest that this was a chronic, indefinite use, multiple times a day medication for routine applications. As such, based on the clinical information presented for review and by the parameters noted in the California Medical treatment Utilization Schedule, this is not medically necessary.

**Prospective use of Cyclobenzaprine 5mg # 90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41,64 OF 127.

**Decision rationale:** California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. Furthermore, the efficacy of this medication has not been objectified in the progress notes. As such, the request is not medically necessary.

**Prospective use of Tylenol #3/ Acetaminophen with COD #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, this medication is limited for short-term management of moderate to severe breakthrough pain. Neither of those maladies was noted in the progress note presented for review. There was nothing in the literature to suggest that this was a chronic, indefinite use, multiple times a day medication for routine applications. As such, based on the clinical information presented for review and by the parameters noted in the California Medical Treatment Utilization Schedule, this is not medically necessary.