

<b>Case Number:</b>	CM14-0089046		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 50 year-old with a date of injury of 04/04/11. A progress report associated with the request for services, dated 07/12/12, was reported to identify subjective complaints of right-sided neck and shoulder pain. Objective findings included tenderness to palpation of the cervical spine with decreased range of motion. Radicular findings were present in the right upper extremity. Diagnoses included (paraphrased) cervical discogenic disease; cervical facet arthropathy; and cervical radiculopathy. Treatment had included physical therapy as well as oral and topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Orthopedic Surgeon Referral: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, 210, 214, Chronic Pain Treatment Guidelines Surgical Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

**Decision rationale:** The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The non-certification was based upon lack of red flags or defined objective for the consultation. However, the claimant continues to have pain requiring chronic opioid therapy and therefore, as noted above, there is documented medical necessity for an orthopedic consultation.

**60 Tylenol 3 (Codeine APAP): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Tylenol #3 is a combination of the opioid codeine and acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." or necessity of therapy beyond 16 weeks due to specific functional improvement. In this case, there was chronic use of the medication without documentation of functional improvement. Since the evidence is unclear for the value of chronic opioids, there is no documented medical necessity for Tylenol #3.

**60 Soma 350mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants Page(s): 29; 63-66.

**Decision rationale:** Soma (carisoprodol) is a centrally acting antispasmodic muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated with withdrawal symptoms and is abused for the above mentioned effects. Therefore, there is no documented medical necessity for Soma.

**Retrospective request for 1 Transdermal Compound cream: Amitriptyline DT 7/12/2012 and 7/12/2012:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics Other Medical Treatment Guideline or Medical Evidence: [www.updates.pain-topics.org](http://www.updates.pain-topics.org); J Anesth. 2010 Oct; 24(5):705-8.

**Decision rationale:** The requested compound consists of amitriptyline, an antidepressant, dextromethorphan, an NMDA receptor antagonist, and tramadol, a centrally acting opioid analgesic. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The efficacy of topical Tramadol is not specifically addressed in the MTUS or the Official Disability Guidelines (ODG). There is some data that topical Tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical Tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy. Therefore, medical necessity for topical Tramadol has not been established. Neither the MTUS nor the Official Disability Guidelines (ODG) specifically addresses the use of amitriptyline as a topical agent. A randomized, placebo-controlled crossover study examined topical 5% amitriptyline with 5% lidocaine topical in patients with neuropathic pain. The study found that topical amitriptyline was not effective. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation.

**Retrospective request for 1 Transdermal Compound cream: Diclofenac F 7/12/2012 and 7/12/2012:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

**Decision rationale:** Diclofenac F consists of the NSAIDs diclofenac and flurbiprofen. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed."The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and or short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only FDA approved topical NSAID is diclofenac. In this case, there is no documentation of the failure of conventional therapy or documented functional improvement for the medical necessity of Voltaren (diclofenac) as an NSAID topical agent. Likewise, the request is for an indication for which there is little evidence of benefit (cervical spine). Therefore, the medical record does not document the medical necessity for diclofenac topical.