

<b>Case Number:</b>	CM14-0089048		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	09/15/2014	<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 Physical Medicine and Rehabilitation 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 50-year-old female who reported injury on 04/04/2011. The mechanism of injury was the injured worker was making a copy and all of the sudden a stack of files on a shelf above the printer fell and 1 chart brushed the injured worker's head and she shrugged her shoulder upward and felt a sharp pain in her neck, radiating to her right shoulder and a burning sensation in the neck radiating down the right arm. The prior treatments were noted to include and topical medications, acupuncture, physical therapy and injections. The surgical history was not provided. The documentation indicated the injured worker had been taking opiates and NSAIDs as of mid-2011 and Soma, topical antidepressants and diclofenac as of 2012. The injured worker was noted to be monitored for aberrant drug behavior through urine drug screens. The documentation of 04/30/2014 revealed the injured worker had difficulty with standing, sitting, walking and climbing stairs, grasping, lifting and tactile discrimination. The injured worker had subjective complaints of pain in the cervical spine and decreased range of motion in the right shoulder with pain. The physical examination revealed the injured worker had pain and limited range of motion of the right shoulder and cervical spine. The injured worker had palpable taut muscles and spasms in the cervical spine and right shoulder. The diagnoses included rotator cuff syndrome, insomnia, and cervical disc syndrome. The treatment plan was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tylenol 3 (codeine APAP) 30-300: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above. The duration of use for this classification of medications was noted to be since 2011. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for 60 Tylenol 3, (codeine/APAP) 30-300 is not medically necessary.

**60 Soma (Carlsoprodol) 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a short term treatment for acute pain, for usage of less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 2012. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for 60 Soma (Carisoprodol) 350 mg is not medically necessary.

**60 Ibuprofen 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nsaid Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short term treatment of symptomatic pain. There should be documentation of objective functional benefit and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized NSAIDs since at least 2011. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 2 NSAIDS. The request, as submitted, failed to

indicate the frequency for the requested medication. Given the above, the request for 60 ibuprofen 800 mg is not medically necessary.

### **1 prescription Transdermal compound cream Amitriptyline: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ho KY, Huh BK, White WD, Yeh CC Miller EJ.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, antidepressants Page(s): 111, 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.

**Decision rationale:** The California MTUS guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS/ACOEM and Official Disability Guidelines do not specifically address topical application of anti-depressants. However, peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. The clinical documentation submitted for review failed to provide documentation indicating the injured worker had a trial and failure of anticonvulsants and/or antidepressants. The request, as submitted, failed to indicate the frequency, quantity, and strength for the requested medication. The duration of use could not be established. It was indicated the injured worker had utilized topical medication since 2012. Given the above, the request for 1 prescription transdermal compound cream amitriptyline is not medically necessary.

### **1 prescription Diclofenac: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short term treatment of symptomatic pain. There should be documentation of objective functional benefit and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized NSAIDs since at least 2011. There was a lack of documentation of

objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 2 NSAIDS. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription diclofenac is not medically necessary.

**1 Follow --up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate that office visit follow-ups are appropriate dependent upon the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment and may be based on what medications the injured worker was utilizing that may require close monitoring. There was no DWC Form RFA or PR2 submitted requesting a follow-up. The request, as submitted, failed to indicate the type of follow-up being requested. Given the above, the request for 1 follow-up is not medically necessary.