

<b>Case Number:</b>	CM14-0204706		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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 (IW) is a 52-year-old man with a date of injury of November 1, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is status post two-level arthrodesis. Pursuant to the progress report dated November 5, 2014, the IW was being treated for chronic low back pain with radiation, numbness, pins and needles, and weakness in the left lower extremity. Objectively, the IW ambulates with the assistance of a cane. He has tenderness in the paraspinous musculature in the lumbar region on the left. He also has tenderness midline lumbar spine, and mid and upper thoracic spine. He has decreased range of motion, spasms, and decreased sensation in the L4 and L5 dermatomes. The IW is permanent and stationary. The IW had a recent fall that resulted in fracture ribs. Review of the medical record indicates the IW was taking Hydrocodone as far back as 2007. In more recent notes, the IW was taking Tramadol, and Norco. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of narcotics. Documentation in the medical record indicates the IW is at risk for opiate dependency according to prior urine drug screen and prior history. The IW has prior history of illicit drug use. The current request is for Tylenol with Codeine no. 4 #90 with 2 refills, and Gabapentin-Cyclobenzaprine-Ketoprofen-Capsaicin-Menthol-Camphor 10/4/10/0.0375/5/2% 120 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 4 #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #4, #90 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is under the care of an orthopedic surgeon. The injured worker's working diagnosis is status post to level arthrodesis. His last physical examination was November 5, 2014. The treating physician started Tylenol #4 and wrote a prescription for Tylenol #4, #90 with two refills. The documentation indicates the injured worker is at risk for opiate dependency based on prior urine drug screens and history. The injured worker has been on Norco and tramadol. The documentation is unclear as to why these medicines were discontinued. The documentation does not contain evidence of objective functional improvement associated with prior narcotic/opiate usage. The treating physician is now requesting Tylenol #4 with two refills. Consequently, based on the prior history of propensity for opiate dependency and clinical documentation lacking evidence of objective functional improvement with prior opiate use, Tylenol #4, #90 with two refills is not medically necessary.

**Compound medication with**

**Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor #120 gm:** Upheld

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

**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 Section, Topical analgesics.

**Decision rationale:** Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, compounded medication Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Ketoprofen topical is not FDA approved for topical application. In this case, the injured worker's working diagnosis is status post to level arthrodesis. Any compounded product that contains at least one drug (topical gabapentin,

topical cyclobenzaprine, and topical ketoprofen) that is not recommended is not recommended. Consequently, the topical containing compound containing gabapentin/cyclobenzaprine/ketoprofen/Sais and/menthol/camphor, is not recommended. Consequently, based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, compounded medication Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaisin/Menthol/Camphor #120 g is not medically necessary.