

<b>Case Number:</b>	CM14-0208679		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 57 year old female with an injury date of 10/05/06. Based on the 09/19/14 progress report, the patient complains of neck pain, low back pain, bilateral shoulder pain, bilateral arm pain, and bilateral knee pain. She rates her pain as a 7-8/10. The 10/13/14 report states that the patient has severe hypoglycemia which may be related to insulinoma. No additional positive exam findings were provided on this report. The 11/07/14 report indicates that the patient has pain in her neck, low back, shoulders, and knee. She rates her pain as an 8-9/10. For the cervical spine, there is posterior spasm, tightness, an inflamed cervical hump with tenderness to the bilateral shoulders, and a guarded range of motion with pain and spasm. In regards to the lumbar spine, she a positive straight leg raise at 20 degrees, diffuse paresthesia throughout the lower extremities, a restricted range of motion, and the patient is unable to heel and toe walk. The patient's diagnoses include the following: 1) Cervical spine discopathy 2) Left shoulder mild acromioclavicular joint arthropathy 3) Lumbar spine discopathy 4) Right knee internal derangement 5) Morbid obesity 6) Status post Roux-En-Y gastric bypass surgery 04/02/10 7) Left knee arthrosis The utilization review determination being challenged is dated 12/04/14. Treatment reports are provided from 04/25/14- 11/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, zolpidem (Ambien).

**Decision rationale:** The patient presents with pain in her neck, low back, shoulders, and knee which she rates as an 8-9/10. The request is for AMBIEN. The patient has been taking Ambien as early as 07/01/14. MTUS and ACOEM Guidelines are silent with regard to this request. However, ODG Guidelines, mental illness and stress chapter, Zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and /or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient has been taking Ambien since 07/01/14, which is indicated to be on a long-term basis and is not recommended by ODG Guidelines. ODG Guidelines support use of Ambien for 7-10 days for insomnia. Furthermore, there is no indication that the patient has insomnia with difficulty of sleep onset. The requested Ambien is not medically necessary.

**Norco 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 91, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

**Decision rationale:** The patient presents with pain in her neck, low back, shoulders, and knee which she rates as an 8-9/10. The request is for Norco 10/325 MG #90. The patient has been taking Norco as early as 04/25/14. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 04/25/14, the patient rates her pain as a 7-9/10. On 05/23/14, the patient rates her pain as an 8-9/10. Both the 05/23/14 and 11/07/14 reports state that "The Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." On 11/07/14, the patient rates her pain as an 8-9/10. "A urinalysis was performed today to monitor medication compliance." The results of this urine drug screen were not provided. Although the treater provides pain scales and a general statement regarding how the patient's medications is "helping

provide relief with the patient's moderate to severe pain," not all 4 A's are addressed as required by MTUS guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures were provided either as required by MTUS. The patient did have a urine drug screen on 11/07/14; however, the results of the urine drug screen are not provided. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Norco is not medically necessary.

**Ketoprofen/Cyclobenzaprine Cream 20/4% 120gm: Upheld**

**Claims Administrator 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, Compound Drugs

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

**Decision rationale:** The patient presents with pain in her neck, low back, shoulders, and knee which she rates as an 8-9/10. The request is for Ketoprofen/Cyclobenzaprine Cream 20/4% 120 gm. The patient has been using this topical cream as early as 04/25/14. MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 states "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. Her cervical spine has posterior spasm, tightness, an inflamed cervical hump with tenderness to the bilateral shoulders, and a guarded range of motion with pain and spasm. In regards to the lumbar spine, she a positive straight leg raise at 20 degrees, diffuse paresthesia throughout the lower extremities, a restricted range of motion, and the patient is unable to heel and toe walk. In this case, neither Ketoprofen nor Cyclobenzaprine are indicated in a topical formulation. Therefore, the requested Ketoprofen/Cyclobenzaprine cream is not medically necessary.

**Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor Cream: Upheld**

**Claims Administrator 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, Compound Drugs

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

**Decision rationale:** The patient presents with pain in her neck, low back, shoulders, and knee which she rates as an 8-9/10. The request is for Gabapentin/Cyclobenzaprine/ Ketoprofen/ Capsaicin/ Menthol/Camphor Cream. The patient has been using this topical cream as early as 04/25/14. MTUS guidelines have the following regarding topical creams (p111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Capsaicin is indicated for most chronic pain conditions. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. Her cervical spine has posterior spasm, tightness, an inflamed cervical hump with tenderness to the bilateral shoulders, and a guarded range of motion with pain and spasm. In regards to the lumbar spine, she a positive straight leg raise at 20 degrees, diffuse paresthesia throughout the lower extremities, a restricted range of motion, and the patient is unable to heel and toe walk. In this case, neither Ketoprofen, Gabapentin, nor Cyclobenzaprine are indicated in a topical formulation. Therefore, the requested topical cream is not medically necessary.