

<b>Case Number:</b>	CM15-0002997		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/28/2005
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64-year-old female who reported an injury on 11/06/2005. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine multilevel disc protrusion, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, lumbar disc protrusion, status post right knee arthrosis, status post ulnar shortening, status post hip surgery, and bilateral foot metatarsalgia. The injured worker presented on 12/04/2014 with complaints of 7/10 cervical and lumbar spine pain. The injured worker reported an improvement in symptoms with the use of Norco. There was no physical examination provided on that date. Recommendations included continuation of the current medication regimen of Protonix 20 mg, Norco 7.5/325 mg, cyclobenzaprine cream, and Ultracin lotion. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325ng twice daily #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since at least 04/2014. There is no documentation of objective functional improvement. The injured worker continues to present with high levels of pain. There is no written consent or agreement for chronic use of an opioid. There is also no documentation of previous urine toxicology reports documenting evidence of patient compliance and non aberrant behavior. Given the above, the request is not medically appropriate.

**Cyclobenzaprine cream 60 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines do not recommend muscle relaxants, as there is no evidence for the use of a muscle relaxant as a topical product. Therefore, the current request for a cyclobenzaprine cream is not medically appropriate.

**Ultracin lotion 120gm twice a day as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain after there has been evidence of a trial of first line oral medication. In this case, there was no documentation of a failure of first line treatment prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established in this case. As such, the request is not medically appropriate.