

<b>Case Number:</b>	CM15-0101825		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/07/1998
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 68-year-old who has filed a claim for chronic low back pain, neck, pain, wrist pain, and elbow pain with derivative complaints of depression, anxiety, insomnia, alleged fibromyalgia (FM) reportedly associated with an industrial injury of October 7, 1998. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve requests for tramadol-acetaminophen (Ultracet) and a topical compounded agent. The claims administrator referenced a progress note of April 14, 2015 and an associated RFA form of April 14, 2015 in its determination. The applicant's attorney subsequently appealed. On January 24, 2015, the applicant reported ongoing complaints of fatigue, malaise, myalgias and myositis of various body parts, and insomnia. Low back pain with associated radicular pain complaints was reported. The applicant was using Flonase, Cymbalta, Ultracet, Lodine, and Skelaxin, it was further noted, several of which were continued and/or renewed. Deep tissue massage therapy was sought. The applicant was represented, it was acknowledged. The applicant was in mild-to- moderate distress. The attending provider then stated that the applicant's medications were beneficial in terms of reducing the applicant's pain complaints by 70% to 80%. The applicant's work status was not explicitly stated. In a prescription form dated April 14, 2015, both Ultracet and the topical compounded agent in question were endorsed. The primary ingredient in the compound was ketoprofen, it was acknowledged. In a RFA form dated May 1, 2015, Ultracet and the topical compounded agent in question were again renewed. The applicant's work status was not detailed on a physical therapy progress note dated May 1, 2015. On April 14, 2015, the attending provider stated, in one section of the note, that the applicant's medications were providing 50% to 60% pain relief, while another section of the note stated that

the applicant's pain medications were attenuating pain scores by 70% to 80% and it was very difficult to follow and mingled historical issues with current issues. Bending, gripping, grasping, and repetitive performance of activities remained problematic, the applicant acknowledged. The applicant was in mild distress in the clinic setting, it was reported. Once again, the applicant's medication list was not detailed. Multiple medications were renewed, including Cymbalta, Ultracet, and Skelaxin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 37.5/325 MG Qty 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol-acetaminophen (Ultracet), a synthetic opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple progress notes, referenced above, including on April 14, 2015, suggesting that the applicant was not, in fact, working. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption on that date, these reports were, however, at times internally inconsistent, with the attending provider reporting 50% to 60% pain relief with medication in one section of the note and 70% to 80% pain relief with medications in another section of the note. The attending provider likewise acknowledge on April 14, 2015 that the applicant was still having difficulty performing activities of daily living as basic as gripping, grasping, lifting, or any repetitive activity. This, coupled with the attending provider's failure to outline the applicant's work status, did not make a compelling case for continuation of opioid therapy with tramadol-acetaminophen (Ultracet). Therefore, the request is not medically necessary.

**Kick Compound Cream (Ketoprofen 10 Percent, Ibuprofen 10 Percent, Cyclobenzaprine 2 Percent, Piroxicam 2 Percent 60 Gram) Qty 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Similarly, the request for a ketoprofen-containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.