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| <b>Case Number:</b>   | CM15-0103882 |                              |            |
| <b>Date Assigned:</b> | 06/08/2015   | <b>Date of Injury:</b>       | 01/22/2014 |
| <b>Decision Date:</b> | 07/08/2015   | <b>UR Denial Date:</b>       | 05/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/30/2015 |

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42-year-old female with an industrial injury date of 01/22/2014. The mechanism of injury is documented as an injury to her foot, head and face. Her diagnoses included cervical sprain/strain, lumbar sprain/strain/thoracic sprain/strain and sprain shoulder/arm. Prior treatment is not documented. This review is taken from progress note dated 09/10/2014 (the only available progress note in the submitted records). She presented on the above date with complaints of shoulder, neck and knee pain. Physical exam revealed decreased range of motion of the cervical spine with pain and spasm. There was also pain and spasm with range of motion testing of the lumbar spine. Diagnostic results are documented in the submitted records. This request is for APAP (acetaminophen) with Codeine #120 and Ketoprofen cream. The request for Celebrex 200 mg #60 was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP (acetaminophen) with Codeine 300 gm Qty 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The APAP (acetaminophen) with Codeine 300 gm Qty 120 is not medically necessary and appropriate.

**Ketoprofen cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 112.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. MTUS Guidelines do not recommend Ketoprofen nor recommend use of NSAIDS beyond few weeks, as there are no long-term studies to indicate its efficacy or safety. The efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Ketoprofen Cream is not medically necessary and appropriate.

