

Case Number:	CM15-0014709		
Date Assigned:	02/02/2015	Date of Injury:	09/16/2013
Decision Date:	04/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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: Family Practice

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 52 year old female with an industrial injury dated 09/16/2003. Her diagnoses include chronic neck pain and herniated nucleus pulposus. Recent diagnostic testing has included was not submitted. She has been treated with acupuncture, long term opiate use, C5-C6 and C6-C7 posterior fusion (09/06/2007), C5-C6 and C6-C7 anterior fusion (05/18/2006), and C6-C7 posterior foraminotomy. In a progress note dated 11/14/2014, the treating physician reports constant shooting neck pain (rated 8-9/10) associated with spasms in the trapezius region radiating into the head and face, frequent headaches (rate 10/10), radiating stiffness and numbness in the upper extremities, and stabbing and aching in the left lower extremity with burning and tingling in the bilateral toes despite treatment. The objective examination revealed tenderness to palpation of the cervical spine with spasms in the bilateral trapezius region, and limited range of motion in the cervical spine. The treating physician is requesting medications which were denied by the utilization review. Referral to a neurologist has been certified. On 12/23/2014, Utilization Review non-certified a prescription for retrospective CM3-Ketoprofen 20%, noting the experimental use of this medication and the absence of FDA approval. The MTUS ACOEM ODG Guidelines were cited. On 12/23/2014, Utilization Review non-certified a prescription for retrospective APAP with codeine 300/30 #30, noting that the injured worker had been weaned off Norco, and the lack of evidence to support the reinitiating the use of opiates in this injured worker. The MTUS Guidelines were cited. On 12/23/2014, Utilization Review non-certified a prescription for retrospective APAP with codeine 300/30 #60, noting that the injured worker had been weaned off Norco, and the lack of evidence to support the reinitiating the use of

opiates in this injured worker. The MTUS Guidelines were cited. On 12/23/2014, Utilization Review non-certified a prescription for retrospective cyclobenzaprine 7.5mg #60, noting the absence of support for long term chronic use of this medication. The MTUS ACOEM ODG Guidelines were cited. On 01/26/2015, the injured worker submitted an application for IMR for review of retrospective CM3-Ketoprofen 20%, retrospective APAP with codeine 300/30mg #30, retrospective APAP with codeine 300/30 #60, and retrospective cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for CM3-Ketoprofen 20% (prescribed 11/14/14): 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): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines specifically state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Retrospective request for CM3-Ketoprofen 20% (prescribed 11/14/14) is not medically necessary.

Retrospective request for APAP with Codeine 300/30mg, #30 (prescribed 11/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine) and Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids- criteria for use.

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

Decision rationale: According to the MTUS guidelines, long term use of opioids is not recommended for chronic non-malignant pain and the medical records indicate that the injured worker has been previously weaned of Norco. The request for initiating opioid therapy is not supported. The medical records do not establish attempts at first line non-narcotic adjuvants for chronic pain such as tri-cyclic anti-depressants. As such, retrospective request for APAP with Codeine 300/30mg, #30 (prescribed 11/14/14) is not medically necessary.

Retrospective request for APAP with Codeine 300/30mg, #60 (prescribed 11/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine) and Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids - criteria for use.

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

Decision rationale: According to the MTUS guidelines, long term use of opioids is not recommended for chronic non-malignant pain and the medical records indicate that the injured worker has been previously weaned of Norco. The request for initiating opioid therapy is not supported. The medical records do not establish attempts at first line non-narcotic adjuvants for chronic pain such as tri-cyclic anti-depressants. As such, retrospective request for APAP with Codeine 300/30mg, #60 (prescribed 11/14/14) is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg, #60 (prescribed 11/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants , Cyclobenzaprine (Flexeril) Page(s): 63-66; 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the patient has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such retrospective request for Cyclobenzaprine 7.5mg, #60 (prescribed 11/14/14) is not medically necessary.