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| <b>Case Number:</b>   | CM15-0131299 |                              |            |
| <b>Date Assigned:</b> | 07/21/2015   | <b>Date of Injury:</b>       | 07/29/1999 |
| <b>Decision Date:</b> | 09/21/2015   | <b>UR Denial Date:</b>       | 06/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 57 year-old male who sustained an industrial injury on 07/29/1999. He reported head and neck injury. Initial diagnoses are not available. Current diagnoses include status post cervical fusion. Diagnostic testing and treatment to date has included radiographic imaging, multiple spine surgeries, physical therapy, psychiatric care, and topical/oral pain medication management. Current diagnoses include status post cervical fusion. In reference to progress notes dated 03/31/15 and 05/27/15, the injured worker reports constant neck pain rated as a 7-8 on a 10 point pain scale with numbness and tingling sensation to his bilateral upper extremities; he has severe headaches everyday; he is doing OK with current medications. The treating physician reports the injured worker ambulates in the examination room with a normal heel to toe gait, independently, without assistive device; he is oriented to time and place. There is no use of spinal orthosis. Palpation of the neck and mid thoracic demonstrates areas of tenderness. Cervical range of motion is decreased; there are no tension signs. Motor strength and reflexes are within normal limits; there is no sensory hypesthesia, and long tract signs were negative. The injured worker is not a surgical candidate at this time. Requested treatments include baclofen 20mg Qty: 90, retroactive topical capsaicin powder/tramadol/gabapentin powder/ cyclobenzaprine HCl /menthol crystals/camphor granules/Panderm base for DOS 02/01/2011, Ultram 50mg Qty: 150, Zomig 2.5mg Qty: 30, and retrospective ketoprofen powder/lidocaine/Panderm base DOS 02/01/2011. The injured worker is under temporary total disability. Date of Utilization Review: 06/15/15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg Qty: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-spasticity drugs Page(s): 63.

**Decision rationale:** The medical records provided for review do not support that there is muscle spasm for which baclofen is supported to treat. MTUS supports that it is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007) As such, the records do not support this treatment. The request is not medically necessary.

**Retro Topical Capsaicin powder, Tramadol, Gabapentin powder, Cyclobenzaprine HCL, Menthol crystals, Camphor granules, panderm base for DOS 02/01/2011:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.

**Ultram 50mg Qty: 150:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain

relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not supported. Therefore is not medically necessary.

**Zomig 2.5mg Qty: 30: 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), Treatment in Workers Comp.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, migraine.

**Decision rationale:** The medical records provided for review do not document headache frequency, severity, or associated signs and symptoms with demonstration of a diagnosis of migraine headache. ODG supports sumatriptan for migraine headaches. In the absence of demonstrated diagnosis of migraine, sumatriptan would not be supported and is not medically necessary.

**Retro Ketoprofen powder, Lidocaine, and panderm base DOS 02/01/2011: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.