

<b>Case Number:</b>	CM15-0162889		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/12/2005
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 56 year old female, who sustained an industrial injury on February 12, 2005. She reported neck pain, upper back pain, middle back pain, low back pain and right leg pain. The injured worker was diagnosed as having right lumbar radiculopathy, right sacroiliac joint disorder, thoracic spondylosis, thoracic spinal stenosis, chronic low back pain and chronic pain syndrome. Treatment to date has included diagnostic studies, sacroiliac joint injections, conservative care, medications and work restrictions. Currently, the injured worker continues to report neck pain, upper back pain, middle back pain, low back pain and right lower extremity pain with associated tingling and numbness. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Right sacroiliac joint injection was performed on June 17, 2015. Evaluation on June 29, 2015, revealed continued pain as noted. She rated her pain at 6-8 on a 1-10 scale with 10 being the worst. She reported she was not obtaining enough pain improvement with the current pain medication and treatment regimen. It was noted her gait was antalgic and she used a walker for ambulation. It was noted Electrodiagnostic studies on June 25, 2014, revealed no noted abnormalities. Evaluation on July 30, 2015, revealed continued pain as noted with associated symptoms. It was noted the first previous sacroiliac joint injection provided several months of relief however the second one provided only short term relief. She rated her pain at 6 on a 1-10 scale with 10 being the worst on average with exacerbations of pain rated at 8 on a 1-10 scale with 10 being the worst. She noted the amount of relief the medications were providing was not enough to make a difference in her life. Medications including MS Contin and

a topical compound cream were continued. Magnetic resonance imaging (MRI) of the lumbar spine on April 4, 2014, was noted to reveal disc protrusions, narrowed neural foramina, annular fissures and a large root sleeve diverticula. Thoracic spine MRI was noted to reveal disc protrusions with mild cord compression. DemaTran Cream (Diclofenac/ Baclofen/ Bupivacaine/ Gabapentin/ Ibuprofen/ Pentoxifylline) and MS Contin 30mg #60 were requested.

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

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

**MS Contin 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The current request is for MS Contin 30mg #60. The RFA is dated 08/03/15. Treatment to date has included diagnostic studies, sacroiliac joint injections, conservative care, medications and work restrictions. Work status was not addressed. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/30/15, the patient presents with chronic lower back and hip pain. She rated her pain as 6/10. Medications including MS Contin and a topical compound cream were refilled. The treater states that the patient is compliant with UDS and has a medication contract on file, with up to date CURES report. He further states medications provide adequate analgesia and allow her to perform her activities of daily living. On 05/22/15, the patient states regarding MS Contin, she feels that they are helpful. Report 04/22/15 noted decrease in pain by 90% with using medications, which also allows her to get out of bed and function. In this case, such vague documentation does not satisfy MTUS guidelines, which require some activity-specific functional improvements. Furthermore, there are no UDS provided in the medical file and no discussion regarding possible adverse side effects. Given the lack of all the documentation as required by MTUS, therefore, the request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

**DemaTran Cream (Diclofenac/ Baclofen/ Bupivacaine/ Gabapentin/ Ibuprofen/ Pentoxifylline): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The current request is for DemaTran Cream (Diclofenac/ Baclofen/ Bupivacaine/ Gabapentin/ Ibuprofen/ Pentoxifylline). The RFA is dated 08/03/15. Treatment to date has included diagnostic studies, sacroiliac joint injections, conservative care, medications and work restrictions. Work status was not addressed. MTUS, Topical Analgesics Section, p 111 states: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per report 07/30/15, the patient presents with chronic lower back and hip pain. She rated her pain as 6/10. Medications including MS Contin and a topical compound cream were refilled. The treater states that the topical cream is for the right sacroiliac joint regions. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen and Gabapentin, which are not supported for topical use, per MTUS. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.