MAXIMUS Federal Services

| Case Number: | CM15-0182651 | | |
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| Date Assigned: | 09/23/2015 | Date of Injury: | 01/30/2012 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

## 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: New York
Certification(s)/Specialty: Anesthesiology

## 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 year 44 old female who sustained an industrial injury on 1-30-12. Diagnoses are noted as left shoulder impingement syndrome, L5-S1 discopathy, left ganglion cyst, left upper extremity overuse tendinitis, possible right knee internal derangement, bilateral acromioclavicular early arthrosis, and bilateral hand and wrist De Quervain's tenosynovitis with grip loss. Previous treatment includes medication, physical therapy, and epidural steroid injections. In a progress report dated 7-31-15, the physician notes complaints of increased back pain with numbness and tingling to lower extremities. Pain is rated at 8 out of 10. Complaints are also of bilateral shoulder and hand symptomatology. She is taking Motrin and is not currently attending therapy. Physical exam reveals an antalgic gait, sacroiliac tenderness, pain in the lower lumbar midline and paraspinous musculature, mild amount of muscle spasm on forward flexion, extension is limited to 10 degrees on stress of the pelvis, tenderness along the scaroiliac joint, sciatic stretch signs produces back pain and sacroiliac pain at 70- degrees. Hip range of motion is intact but minimum flexion produces pain in the sacroiliac region and in the low back. Sensation in lower extremities is intact. Exam of the shoulders reveals tenderness in the acromioclavicular joint and decreased range of motion and crepitus on the right and left. Impingement sign is positive. Bilateral hand exam reveals Tinel's sign is positive. There is a positive patellar grind maneuver of bilateral knees and patellar tracking is abnormal and tenderness is noted in the medial aspect. An intramuscular injection of 1 cc of Depo-Medrol and 2 cc of Kenalog was given 7-31-15. Included in the treatment plan is to try some different medications for her; Tylenol #3 and Soma 350mg. The physician notes due to the injured

worker's increased symptomatology, she is being placed on temporary total disability from 8-3-15 to 8-7-15 and may return to work on 8-10-15. A urine drug screen done 5-22-15 notes hydrocodone was not detected. The requested treatment of Tylenol #3, #60 with 1 refill, Soma 350mg, #60, Ketaprofen10%/Diclofenac 10%/Gabapentin 10%/Lidocaine 5% cream 180grams, and retrospective request for date of service 7-31-15 for 1cc of Depomedrol and 2cc of Kenalog injection was non-certified on 8-21-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, quantity: 60 with 1 refill:** 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): Codeine, Functional improvement measures, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the California MTUS Guidelines, Tylenol with Codeine or Tylenol #3 is a short-acting opioid analgesic. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." In this case, the medical records submitted for review do not include the above-recommended documentation. There is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Soma 350mg, quantity: 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): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is

sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of some medications in this class may lead to dependence. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Ketoprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% cream 180gm:** 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:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic contains: Ketoprofen 10%, Diclofenac 10%, Gabapentin 10%, and Lidocaine 5%. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photo-contact dermatitis. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the requested topical analgesic cream has not been established. The request for the compounded topical analgesic cream is not medically necessary.

**Retrospective request for 1cc of Depo Medrol and 2cc of Kenalog injection on date of service: 7/31/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Injections of corticosteroids should be reserved for patients who do not improve with more conservative therapies. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neuromuscular structures. In this case, there was no rational for the injection of Depo Medrol and Kenalog. Medical necessity for the requested injections has not been established. The requested injections were not medically necessary.