

Case Number:	CM15-0194040		
Date Assigned:	10/07/2015	Date of Injury:	02/18/2015
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/02/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 24 year old female who sustained an industrial injury on 2-18-15. A review of the medical records indicates she is undergoing treatment for chronic thoracolumbar myofascial strain. Medical records (3-12-15 to 8-25-15) indicate ongoing complaints of thoracic and lumbar back pain. The 8-25-15 note indicates that the back pain is "intermittent". The physical exam (8-25-15) reveals diffuse tenderness in the lower lumbar area. Range of motion is "full" and noted to be "pain-free". The straight leg raise is negative. Motor strength is "grossly normal". Sensation is "intact". Diagnostic studies have included MRIs of the thoracic and lumbar spine. Treatment has included one session of physical therapy, which the notes indicate that she became "ill" and was unable to complete the physical therapy program. Treatment has also included activity modification, a home exercise program with stretching, use of heat, a TENS unit, and medications. Medications used have included Pantoprazole, Naproxen, Hydrocodone, and Cyclobenzaprine. The 8-25-15 progress note indicates treatment recommendations for physical therapy and prescriptions of Soma 350mg at bedtime #30, Tylenol with Codeine twice daily as needed #60, and a topical analgesic containing Ketoprofen 10%- Gabapentin 6%-Bupivacaine 5%-Baclofen 2%-Cyclobenzaprine 2%-Clonidine 0.2%-Hyaluronic acid 2%, 300grams three times daily with 3 refills. The utilization review (9-9-15) indicates denial of the compound cream and Soma. Modification of Tylenol with Codeine to a quantity of 45 to allow for weaning is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: MTUS states regarding Carisoprodol, not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. ODG States that Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use. Treating physician does not document spasms. The medical documentation provided indicates this patient has been on muscle relaxants in excess of guideline recommendations. As such, the request for Soma 350 mg #30 is not medically necessary.

Ketoprofen 10%/Gabapentin 6% Bupivacaine 5% Baclofen 2% Cyclobenzaprine 2% Clonidine 0.2% Hyaluronic acid 2% 300 times 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per ODG and MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions. MTUS states that topical Gabapentin is not recommended. And further clarifies antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. MTUS states that topical Baclofen is not recommended. MTUS states regarding topical muscle relaxants, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. This compounded product contains several drugs that are

not recommended per guidelines. As such, Ketoprofen 10%/Gabapentin 6% Bupivacaine 5% Baclofen 2% Cyclobenzaprine 2% Clonidine 0.2% Hyaluronic acid 2% 300 times 3 refills is not medically necessary.

Tylenol with Codeine #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reed group/The Medical Disability Advisor and on the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine®).

Decision rationale: MTUS and ODG state regarding codeine, recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II 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. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. ODG further states regarding opioid usage, not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED). The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail the patient's pain and functional level with Tylenol with Codeine. As such, the request for Tylenol with Codeine #60 is not medically necessary.