

<b>Case Number:</b>	CM15-0196141		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/19/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 40 year old male, who sustained an industrial injury on 3-19-2015. The injured worker is undergoing treatment for: cervical spine sprain and strain, lumbar spine sprain and strain, head trauma with questionable loss of consciousness. On 9-17-15, he reported persistent neck and low back pain that was unchanged. He also reported difficulty with sleep, and increased headaches and blurred vision. He indicated the neck pain to have radiation into the bilateral shoulders, and low back pain to radiate into the bilateral lower extremities. He rated his pain 10 out of 10. Physical examination revealed decreased neck, thoracic, and lumbar spine ranges of motion, tenderness in the neck, and a normal gait, and straight leg raise testing is limited to 45 degrees. There is no discussion of 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. There is no discussion regarding the efficacy of Tylenol number 3 or Ketoprofen cream. There is no discussion of his currently having hypertonicity or spasms. The treatment and diagnostic testing to date has included: cervical spine and lumbar spine x-rays (4-9-15); CT scans of the cervical spine, chest and pelvis, and brain (3-25-15); medications; electrodiagnostic studies of the bilateral upper extremities (5-4-15) is noted to be abnormal; electrodiagnostic studies of the bilateral lower extremities (5-6-15) is noted to be normal. Medications have included: Tylenol number 3 (utilized since at least April 2015), Ketoprofen cream (utilized since at least April 2015). He indicated trying Advil, Tylenol and Aleve with no noted relief. Tylenol number 3 was noted to be "discontinued due to anxiety", and Ketoprofen cream is noted as "no relief". On 9-17-15, he reported that "Flexeril and Tylenol

number 3 give him anxiety, but does alleviate cramping". Current work status: temporarily totally disabled. The request for authorization is for: Cyclobenzaprine 7.5mg quantity 60, APAP with codeine 300-30mg quantity 60, CM3 Ketoprofen 20 percent, 8 chiropractic therapy visits for the cervical and lumbar spine 2x4, and follow up visit in 4 weeks. The UR dated 10-5-2015: non-certified the requests for Cyclobenzaprine 7.5mg quantity 60, APAP with codeine 300-30mg quantity 60, CM3 Ketoprofen 20 percent, 8 chiropractic therapy visits for the cervical and lumbar spine 2x4; and certified follow up visit in 4 weeks.

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

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

#### **Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. It is not recommended to be used for longer than 2-3 weeks. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. In addition, this patient has reported anxiety associated with Cyclobenzaprine. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

#### **APAP with Codeine 300/30mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the California MTUS Guidelines, APAP with Codeine (Tylenol with Codeine or Tylenol #3) is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. 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. Sixty (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. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. 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." The medical records submitted for review do not include the above recommended documentation. There were no functional improvements noted with the use of the medications. Also, the request does not include dosing frequency or duration. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**CM3 Ketoprofen 20% cream: 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 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 compound is: CM3- Ketoprofen 20% cream. Ketoprofen is not currently FDA approved for a topical application, and has an extremely high incidence of photo-contact dermatitis. As the guidelines do not support this topical analgesic application, the request is not supported. In addition, the request does not specify the quantity, frequency, or site of application. Medical necessity for the requested topical medication has not been established. The requested topical analgesic cream is not medically necessary.

**8 Chiropractic therapy visits for the cervical and lumbar spine 2 times 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** According to MTUS, Manual Therapy or Chiropractic therapy is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the treatment of low back pain, a trial of 6 visits is recommended over 2 weeks, with evidence of objective improvement, with a total of up to 18 visits over 6-8 weeks. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. In this case, there is no documentation of the number of previous chiropractic sessions were completed, or evidence of any objective functional improvement from these sessions. Medical necessity, for the requested 8 additional chiropractic sessions for the cervical and lumbar spine, has not been established. The requested services are not medically necessary.