

<b>Case Number:</b>	CM15-0196990		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 8-30-2006. The injured worker is undergoing treatment for: chronic pain syndrome, lumbar spine and cervical spine degenerative disc disease, right shoulder adhesive capsulitis, persistent headaches, mental health disorder, and bilateral knee chondromalacia patella and degenerative joint disease. On 7-13-15 and 8-10-15, she reported neck and back pain rated 3-4 out of 10. On 9-21-15, reported continued neck and back pain with radiation into the right lower extremity to the foot, and radiation into the bilateral upper extremities. She indicated her pain to have increased with stopping of Vicoprofen. She rated her pain 4-6 out of 10 and indicated it could increase up to 8 out of 10. She indicated Tramadol to make her feel less sedated. She indicated that Vicoprofen had been "very effective, caused her little side effects and reduced her pain by 50 percent allowing her to increase her walking distance by 30 minutes". Objective findings revealed tenderness in the bilateral upper trapezius, decreased cervical spine range of motion, decreased sensation at right C5, C6, and C8 dermatomes, tenderness in the low back, decreased lumbar spine range of motion, decreased sensation at right L5 and S1 dermatomes. 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. The treatment and diagnostic testing to date has included: medications, urine drug screening (5-28-15), more than 20 completed chiropractic visits with noted good temporary relief, at least 24 completed acupuncture visits with noted good temporary relief, CURES (9-21-15) reported as consistent, laboratory work (4-2-15), right shoulder rotator cuff surgery (date unclear), home

exercise program. Medications have included Norco, Vicoprofen, Ibuprofen, Tramadol, Xanax. Norco is noted to cause extreme dizziness, nausea and vomiting. Tramadol is noted to cause excessive sedation and as not helping her pain. Current work status: permanent and stationary, modified work. It is unclear if she is working. The request for authorization is for: CM3-ketoprofen 20 percent; Vicoprofen 7.5-200mg quantity 15; Ultracet 37.5-325mg quantity 90. The UR dated 9-24-2015: non-certified the requests for CM3-ketoprofen 20 percent; Vicoprofen 7.5-200mg quantity 15; Ultracet 37.5-325mg quantity 90.

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

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

#### **CM3 Ketoprofen 20%: 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 MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was already taking oral Vicoprofen. The claimant was also on other topical previously including Lidocaine. The Ketoprofen 20% is not medically necessary.

#### **Vicoprofen 7.5/200 #15: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has

not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was already taking oral Vicoprofen. The claimant was also on other topical previously including Lidocaine. The Ketoprofen 20% is not medically necessary.

**Ultracet 37.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was already on Hydrocodone containing opioids for months. No one opioid is superior to another. Long-term use of opioids is not necessary. Tramadol was also noted not to be helpful. The Ultracet along with Vicoprofen is not medically necessary.