

<b>Case Number:</b>	CM15-0215740		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, Tennessee  
 Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on 01-02-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left shoulder muscle strain, lumbar strain, thoracic sprain, and right rotator cuff tear. Medical records (06-02-2015 to 09-28-2015) indicate ongoing mid and low back pain. Pain levels were rated 4 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity or pain levels, or level of functioning. Per the treating physician's progress report (PR), the IW was on modified duty. The physical exam, dated 09-28-2015, revealed tenderness over the upper trapezius and levator scapula bilaterally, minimal tenderness over the bilateral lumbar paraspinals, limited range of motion (ROM) in the lumbar spine, slightly decreased strength in the lower extremities, and minimal tenderness to the bilateral shoulders with limited ROM in the right shoulder. Relevant treatments have included: left shoulder surgery, physical therapy (PT), cortisone injections, epidural steroid injections, work restrictions, and medications. The treating physician indicates that the IW has been treated with "muscle relaxants, NSAIDs and pain medications" for several months. The PR and request for authorization (09-28-2015) shows that the following medications were requested: oxycodone (Percocet) 5mg #60, Flexeril (cyclobenzaprine) 5mg #60, and Ultracin cream. The original utilization review (10-09-2015) partially approved the request for oxycodone (Percocet) 5mg #60 and Flexeril (cyclobenzaprine) 5mg #60 which were both modified to a one month supply for weaning, and non-certified the request for Ultracin cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Oxycodone (Percocet) 5mg times 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, criteria for use.

**Decision rationale:** Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been achieving partial analgesia to the level of 2/10 pain with NSAID use. There is no medical indication for opioid use. The request is not medically necessary.

### **Flexeril (Cyclobenzaprine) 5mg times 60 (1 tab bid): 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 rationale:** Flexeril is the muscle relaxant cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been using Flexeril since at least June 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary.

**Ultracin 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 based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

**Decision rationale:** Ultracin is a topical analgesic containing methylsalicylate, menthol, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that this patient has been treated with either of those class of medications. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Menthol is a topical skin product available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not recommended in this case. This compounded drug is not recommended. It contains two drugs that are not recommended. Therefore, it is not medically necessary.