

Case Number:	CM15-0041048		
Date Assigned:	03/11/2015	Date of Injury:	03/05/1986
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74-year-old male, who sustained an industrial injury on 03/05/1986. Initial complaints reported included injury to the low back and neck. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, home exercise program, physical therapy, and electrodiagnostic studies. Currently, the injured worker complains of aching, burning and stabbing pain to the neck (rated 6/10), back (rate 7/10), legs (rated 7/10), shoulders (rated 6/10) and wrist (rated 6/10) with numbness and pins/needles like sensation in all reported areas. Current diagnoses pertinent to these complaints include cervical spine spondylosis, cervical radiculopathy, lumbar spine degenerative disc disease, lumbar radiculopathy, and bilateral cubital tunnel syndrome. The current treatment plan includes medications (Norco, Skelaxin, Tylenol #3, and topical medication compound), and follow-up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Cyclo/Lido Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with aching, burning and stabbing pain to the neck (rated 6/10), back (rate 7/10), legs (rated 7/10), shoulders (rated 6/10) and wrist (rated 6/10) with numbness and pins/needles like sensation in all reported areas. The request is for KETO/CYCLO/LIDO CREAM. Based on the RFA dated 01/23/15, the patient's diagnoses included cervical spine spondylosis, cervical and lumbar radiculopathy, lumbar spine degenerative discs and Right cubital tunnel syndrome. Per treater report 01/23/15, physician reports the patient walks with a cane and attends his [REDACTED] club daily for swimming and low impact aerobic exercise machines that allow him to keep moving. Current medications include Norco for severe pain, Skelaxin for muscle spasm, Tylenol #3 for mild pain, and topical medication compound. Treater states the patient reports the medications help with pain and function. The patient is Permanent and Stationary. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per 01/23/15 progress report, the treater states, "We are changing his transdermal medication to ketoprofen/ cyclobenzaprine/ diclofenac/lidocaine cream for arthritic pain." However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and Lidocaine, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck, low back, shoulders and bilateral hands/wrists pain, rated 7/10. The request is for KETO/CYCLO/LIDO CREAM. Based on the RFA dated 01/23/15, the patient's diagnoses included cervical spine spondylosis, cervical and lumbar radiculopathy, lumbar spine degenerative discs and Right cubital tunnel syndrome. Per treater report 01/23/15, physician reports the patient walks with a cane and attends his [REDACTED] club daily for swimming and low impact aerobic exercise machines that allow him to keep moving. Current medications include Norco for severe pain, Skelaxin for muscle spasm, Tylenol #3 for mild pain, and topical medication compound. Treater states the patient reports the medications help with pain and function. The patient is Permanent and Stationary. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS

page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 01/23/15 report, treater states "The Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living and provide relief with moderate to severe pain." Norco was included in patient's medications per progress reports provided 08/22/14 through 01/23/15. The use of opiates requires detailed documentation regarding pain and function per MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, such as urine toxicology, CURES and pain contract. Specific ADL's are not mentioned showing significant functional improvement. Only general statements are provided regarding ADL's. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Skelaxin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) skelaxin Page(s): 63-66, 61.

Decision rationale: The patient presents with neck, low back, shoulders and bilateral hands/wrists pain, rated 7/10. The request is for KETO/CYCLO/LIDO CREAM. Based on the RFA dated 01/23/15, the patient's diagnoses included cervical spine spondylosis, cervical and lumbar radiculopathy, lumbar spine degenerative discs and Right cubital tunnel syndrome. Per treater report 01/23/15, physician reports the patient walks with a cane and attends his [REDACTED] club daily for swimming and low impact aerobic exercise machines that allow him to keep moving. Current medications include Norco for severe pain, Skelaxin for muscle spasm, Tylenol #3 for mild pain, and topical medication compound. Treater states the patient reports the medications help with pain and function. The patient is Permanent and Stationary. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For skelaxin, MTUS p61 states, Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Per progress report dated 11/21/14, treater states, "Skelaxin is prescribed for the patient's muscle spasms." Skelaxin was prescribed in progress reports dated 10/24/14 through 01/23/15. MTUS recommends Skelaxin for short-term use. Furthermore, the current request for quantity 60 does

not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Tylenol #3, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck, low back, shoulders and bilateral hands/wrists pain, rated 7/10. The request is for KETO/CYCLO/LIDO CREAM. Based on the RFA dated 01/23/15, the patient's diagnoses included cervical spine spondylosis, cervical and lumbar radiculopathy, lumbar spine degenerative discs and Right cubital tunnel syndrome. Per treater report 01/23/15, physician reports the patient walks with a cane and attends his [REDACTED] club daily for swimming and low impact aerobic exercise machines that allow him to keep moving. Current medications include Norco for severe pain, Skelaxin for muscle spasm, Tylenol #3 for mild pain, and topical medication compound. Treater states the patient reports the medications help with pain and function. The patient is Permanent and Stationary. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's -analgesia, ADLs, adverse side effects, and adverse behavior- as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Per 10/24/14 progress report, treater states, "The patient will attempt to supplement Norco with Tylenol #3 for mild pain and hopefully we can transition him out of the Norco." Tylenol #3 was prescribed in treater reports dated 10/24/14 through 01/23/15. The uses of opiates require detailed documentation regarding pain and function as required by MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.