

<b>Case Number:</b>	CM14-0123136		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/08/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of October 8, 2005. A utilization review determination dated July 24, 2014 recommends non-certification of topical compound of cyclobenzaprine 10% and gabapentin 10% 4 g, Norco 10/325 mg TID, Skelaxin 800 mg QD PRN #30, gabapentin 800 mg TID, and Celebrex 200 mg QD #30 x 3 refills. A progress note dated July 10, 2014 identifies subjective complaints of constant low back pain that radiates to right buttock, down leg to medial aspect of ankle/foot, and associated pain to left thigh area. Pain is aggravated by valsava maneuver, sitting on toilet, straining, coughing, and sneezing. Constant pain level is 6-7/10, fluctuates between 6-10/10, functional status 4-6/10, and analgesic effect 6-8/10. Physical examination identifies straight leg raise 30 degrees on the right and 35 degrees on the left aggravates pain down the calf, deep tendon reflex is 1+ on the right knee, 2+ on the left knee, and 1+ bilateral Achilles. There is tenderness of right greater trochanters, right PSIS, and Piriformis. The diagnoses include chronic pain disorder, chronic low back pain degenerative disorder, right sided sciatica, right Trochanteric bursitis, comorbid insomnia, comorbid depression disorder, non-industrial HTN, and non-industrial CHO. The treatment plan recommends Norco 10/325 #110, gabapentin 800mg #90, topical cream of cyclobenzaprine 10% and gabapentin 10% 4gm, Skelaxin 800mg #30, Celebrex 200mg #30, and recommendation to continue to follow up with psychiatrist. A urine drug screen done May 14, 2014 was consistent with Norco prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound of cyclobenzaprine 10%, gabapentin 10% 4 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 113 of 127.

**Decision rationale:** The California MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical Baclofen or any other muscle relaxant as a topical product. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. In light of the above issues, the currently requested topical compound of cyclobenzaprine 10% and gabapentin 10% #4gm is not medically necessary.

**Norco 10/325 mg tid 3110:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Opioids Page(s): Pages 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

**Decision rationale:** The California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), and no documentation regarding side effects. In the absence of such documentation, Norco 10/325 TID is not medically necessary.

**Skelaxin 800 mg qd prn #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): Pages 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Skelaxin specifically is thought to work by general depression of the central nervous system. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective

functional improvement as a result of the Skelaxin. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, Skelaxin 800mg QD PRN #30 is not medically necessary.

**Gabapentin 800 mg tid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, Gabapentin 800mg TID is not medically necessary.

**Celebrex 200 mg qd #30 X 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): Pages 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, Celebrex 200mg QD #30 is not medically necessary.