

<b>Case Number:</b>	CM14-0132154		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/27/1997
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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:

The injured worker is a 57 year old female who sustained an industrial injury on 03/27/1997. Her diagnoses include chronic low back pain, cervical spondylosis without myelopathy, displacement of intervertebral disc without myelopathy and fibromyalgia. She complains of neck and low back pain. On physical exam there is bony and muscular tenderness of the neck, upper back, low back and sacrum, reduced cervical range of motion, tenderness of the sacroiliac joints and tenderness of the right elbow. Treatment has included medical therapy with Celebrex, Ultracet, Excedrin Migraine, Neurontin, Baclofen, and Voltaren gel 1%. The treating provider has requested Ultracet 37.5/325mg # 60, Excedrin Migraine 250-250-65 # 60, Neurontin 100mg # 60, Baclofen 20mg # 60, and Voltaren gel 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #60 between 4/24/2014 and 4/24/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94-96.

**Decision rationale:** MTUS Guidelines state Ultracet ( Tramadol/Acetaminophen) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of California MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the injured worker. Medical necessity for the requested item is not established. As such, the request is not medically necessary.

**Excedrin Migraine 250mg -250mg 65mg #60 between 4/24/2014 and 4/24/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Triptain medications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Excedrin Migraine.

**Decision rationale:** At the beginning of 1998, the FDA granted clearance to market Excedrin Migraine for the relief of migraine headache pain and associated symptoms. Excedrin Migraine continued the trend of marketing pain products for specific types of pain, becoming the first migraine headache medication available to consumers without a prescription, even though it has identical active ingredients to the regular Excedrin Extra Strength product, 250 mg acetaminophen, 250 mg aspirin and 65 mg caffeine. The injured worker has no diagnosis of migraines. Medical necessity for the requested item is not established. The requested item is not medically necessary.

**Neurontin 100mg #60 between 4/24/2014 and 4/24/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** Per the documentation there is evidence that the injured worker has fibromyalgia with multiple trigger points on exam. Per MTUS Guidelines antiepilepsy medications are a first line treatment for neuropathic pain. Gabapentin is used in the treatment of

fibromyalgia. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and there is specific documentation of a positive response to this medical therapy. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.

**Baclofen 20mg #60 between 4/24/2014 and 4/24/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** MTUS Treatment Guidelines state Baclofen is an antispasticity medication used for the treatment of spasticity in conditions such as cerebral palsy, multiple sclerosis and spinal cord injuries. There is no documentation of any spasticity on exam and in addition, the injured worker has been treated with the muscle relaxant, Flexeril. Medical necessity for the medication Baclofen has not been established. The requested treatment is not medically necessary.

**Voltaren Gel 1% topical gel 100g between 4/24/2014 and 4/24/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The documentation indicates that the injured worker has chronic neck and low back pain. Per MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports them as a treatment option for neck and low back conditions. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. In addition there is no indication for the treatment of chronic pain with both oral and topical anti-inflammatory medications. Medical necessity for the requested item has not been established. The requested item is not medically necessary.