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| <b>Case Number:</b>   | CM14-0141605 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 04/17/1996 |
| <b>Decision Date:</b> | 12/18/2014   | <b>UR Denial Date:</b>       | 08/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2014 |

### 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 Occupational Medicine 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:

The patient is a 62-year-old female who has submitted a claim for cervical fusion, cervical facet arthrosis, lumbar fusion, and lumbar facet arthropathy associated with an industrial injury date of 4/17/1996. Medical records from 4/24/2014 up to 5/19/2014 were reviewed showing cervical and lumbar pain. Her pain has decreased from 8/10 to 4/10. She has ongoing discomfort in her neck, periscapular, interscapular region, and right upper extremity with ongoing headaches, numbness, and tingling sensation. She has low back pain, gluteal pain, and lower extremity pain. Physical examination dated 4/29/2014 demonstrated tenderness over paracervical, periscapular musculature, paralumbar, and upper gluteal musculature. She has sensory dysesthesias over her C5-6-7 dermatomes with positive Tinel's. She has positive Spurling's, straight leg raise, and weakness in hip flexors 4+/5. Treatment to date has included Soma 350mg (since at least 4/2014), Ultracet (unknown initial start date), Voltaren (since at least 4/2014), compound cream, Duexis, and Oxaprozin. The utilization review from 8/18/2014 denied the requests for Soma 350mg, #120, for Ultracet, for Voltaren gel #5 tubes, and flurbiprofen 20%/tramadol 5%/cyclobenzaprine 2%/ baclofen 2% 30 gm, #2. Regarding Soma, only short term use of this medication is appropriate. Regarding Ultracet, this request is modified to #30 for weaning because the records lack clear documentation of recent urine drug test, risk assessment profile, attempt at tapering, and updated and signed pain contract between provider and patient. Regarding Voltaren gel, there was no clear rationale provided for the use of multiple topical agents. There was documented failure of first line NSAIDS. Regarding the compound cream, no other medical justification was provided within the records provided. It appears that the patient is able to tolerate oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(.

**Decision rationale:** As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Soma is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. Abuse has been noted for sedative and relaxant effects. Soma is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In this case, the patient has been taking Soma 350mg since at least 4/2014. The long-term use of this medication is not recommended. In addition, the patient does not exhibit any muscle spasms. Moreover, the frequency of intake was not specified. Therefore the request for Soma 350 mg #120 is not medically necessary.

**ULTRACET:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, it is unknown when the patient started taking Ultracet. There is no documentation of pain relief with use of this medication, side effect, or recent urine drug test reports. In addition, the dosage, frequency of intake, and quantity to be dispensed were not specified. Therefore the request for Ultracet is not medically necessary.

**Voltaren gel #5 tubes:** 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 Analgesics Page(s): 112.

**Decision rationale:** According to page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of spine, hip, or shoulder. In this case, the patient has been using Voltaren gel since at least 4/2014. The medical records failed to provide evidence of osteoarthritis, which may warrant the use of Voltaren gel. Moreover, there is no documentation concerning pain relief and functional improvement derived from its use. The request also failed to specify the dosage prescribed. Therefore the request for Voltaren Gel #5 tubes is not medically necessary.

**Flurbiprofen 20%/Tramadol 5%/Cyclobenzaprine 2%/Baclofen 2% 30GM #2:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Cyclobenzaprine and Baclofen are not recommended for use as a topical analgesic. CA MTUS does not support the use of opioid medications and Gabapentin in a topical formulation. Thus, Tramadol is not recommended as a topical analgesic. In this case, it is unclear when the patient started using this compound cream. However, Flurbiprofen, Cyclobenzaprine, Baclofen, and Tramadol are all not recommended as topical analgesics. Therefore the request for Flurbiprofen 20%/Tramadol 5%/ Cyclobenzaprine 2%/ Baclofen 2% 30 gm, #2 is not medically necessary.