

<b>Case Number:</b>	CM14-0219106		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/15/2000
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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 53 year old male, who sustained an industrial injury on May 15, 2000. He has reported low back symptoms. The diagnoses have included Chronic back pain, status post fusion. Treatment to date has included lumbar spine surgery, medications, laboratory evaluations, radiological imaging, and ice and heat. Currently, the IW complains of chronic achy low back pain. Current medications include Naproxen, Gabapentin, and Norco. He has been using Norco for pain since at least September 10, 2014. On December 24, 2014, Utilization Review non-certified one (1) prescription of topical compounded Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor 10/4/10/0.375/5/2% cream, quantity #240 grams, and one (1) heat pad, and one (prescription of Tylenol Number 4, quantity #60; and provided a modified certification of one (1) prescription of Norco 10/325 mg, quantity #90, based on MTUS, Chronic Pain Medical Treatment, and ACOEM guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of one (1) prescription of Norco 10/325 mg, quantity #90, and one (1) prescription of topical compounded Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor 10/4/10/0.375/5/2% cream, quantity #240 grams, and one (1) heat pad, and one (prescription of Tylenol Number 4, quantity #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #90:** Upheld

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

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

**Decision rationale:** This patient presents with chronic back pain, status post fusion and knee tendinopathy. The request is for Norco 10/325mg #90 on 12/03/14. The request was certified by the utilization review letter dated 12/24/14 with modification to Norco 10/325mg #45. Review of the reports does not show when the patient started take this medication but it was listed as current medication as early as 06/18/14 report. The patient's work status is permanent and stationary per 12/03/14. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or 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. Per 12/03/14 report, the treater noted that the patient 'has been on the medication for 10 years. It allows him to work and function.' The patient reports pain level without Norco at 6-7/10 and with the Norco at 3-4/10. While there is analgesia and the patient is stated to be working, the treater does not address adverse effects and aberrant drug behavior monitoring such as urine toxicology, CURES, etc. MTUS require that all four A's be addressed and given the lack of sufficient documentation including opiate management, the request IS NOT medically necessary.

### **Topical Compounded**

**Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor 10/4/10/.0375/5/2 Percent Cream #240 Gram:** 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:** This patient presents with chronic back pain, status post fusion and knee tendinopathy. The request is for Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor 10/4/10/0.0375/5/2% 240 gm cream to apply 1-2 grams to affected area for neuropathic pain. The MTUS Guidelines page 111 has the following regarding topical creams, 'Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety.' MTUS further states, 'Any compounded product that contains at least one (or drug class) that is not recommended is not recommended.' MTUS specifically states that Gabapentin is not

recommended under the topical cream section. Therefore, the requested compounded topical product IS NOT medically necessary.

**A Heat Pad: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation heat wraps (low back chapter: 7)

**Decision rationale:** This patient presents with chronic back pain, status post Lumbar fusion and chronic knee pain with tendinopathy. The request is for a heat pad. The updated ACOEM guidelines has the following on heat wraps (low back chapter pp156,157):" Heat therapy, including a heat wrap, is recommended for treatment of acute, subacute, and chronic LBP. Self-application of heat is recommended. However, education regarding home application should be part of the treatment and as such; application by a health care provider is not recommended as the patient can perform this treatment independently." Also, ACOEM page 300 states, "At-home local applications of heat or cold are as effective as those performed by therapists." Review of reports does not show any discussion regarding heat pad or prior use of a heat pad. The treater does not explain how it is being used with what efficacy. But the guidelines support use of heat and particularly, at-home application of heat for chronic LBP. The request appears reasonable given the patient's chronic pain. The request IS medically necessary.

**Tylenol No. 4 #60: Upheld**

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

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

**Decision rationale:** This patient presents with chronic back pain, status post fusion and knee tendinopathy. The request is for Tylenol No. 4 #60. There is no documentation of prior use of this medication. The patient's work status is permanent and stationary per 12/03/14.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or 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.'Per 12/03/14 report, the treater prescribed Norco and Tylenol no.4 with codeine and states 'he is to gradually over the next month wean to his transition program he basically should be able to tolerate this and eventually a transition to Tramadol.' However, there is no discussion as to why the patient needs to be on two short-acting opioids along with the Norco. Similar to Norco, there is no reporting regarding opiate management and not all four A's are addressed. The request IS NOT medically necessary.

