

<b>Case Number:</b>	CM15-0010762		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 30 year old male sustained a work related injury on 12/03/2013. According to a progress report dated 11/07/2014, the injured worker reported stabbing pain with associated numbness on the left side of his low back. He reported radiation of aching pain into his left calf. Pain was rated 7 on a scale of 1-10. He reported decreased sensation in the left leg, weakness and numbness in the back of the left leg when he stood for a prolonged period of time. Diagnoses included lumbar radiculopathy, degeneration of lumbar disc and lumbar strain/sprain. Treatment plan included chiropractic treatment and electromyography/nerve conduction studies. Prescriptions included Tylenol #3 as needed for pain, Cyclobenzaprine cream and Norco as needed for pain. The injured worker was told to only fill the prescription of Norco if Tylenol # 3 did not improve pain. According to the provider in a supplemental report dated 12/23/2014, topical ointment will be an adjunct to reducing the injured worker's reliance on oral opiate medication. He will be weaned down on his Norco utility once he is found to be stable and have adequate analgesia. A pain contract was obtained. On 12/15/2014, Utilization Review non-certified Cyclobenzaprine 5% cream (tubes) quantity 1 and Norco 10/325mg quantity 60. According to the Utilization Review physician, in regard to Cyclobenzaprine cream, guidelines do not support this request stating that there is no evidence for use of any other muscle relaxant as a topical product. Guidelines cited for this request included CA MTUS Chronic Pain Treatment Guidelines Topical NSAIDS/Analgesics page 111. In regard to Norco, the requesting physician had given the claimant a prescription for this medication and instructed the claimant to only fill this medication if Tylenol #3 was ineffective. This medication requires close

monitoring. The claimant has already been dispensed Tylenol #3 and will need to be followed closely by the requesting physician at which time this request can be reconsidered when it is determined which medication treatment is most effective. CA MTUS Chronic Pain Medical Treatment Guidelines pages 76-80 were cited for this request. The decision was appealed for and Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 5% cream (tubes) QTY: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." CYCLOBENZAPRINE or MUSCLE RELAXANTS (NOT RECOMMENDED) MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Cyclobenzaprine 5% cream (tubes) Quantity #1 is not medically necessary.

**Norco 10/325mg, QTY: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, the patient is on Tylenol #3 and

Norco. There is no rationale why the patient should be on 2 narcotics and was to fill this prescription if not improved on Tylenol #3. The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 325/10mg # 60 is not medically necessary.