

<b>Case Number:</b>	CM15-0013490		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 41-year-old [REDACTED] employee who has filed a claim for chronic neck and shoulder pain with posttraumatic headaches reportedly associated with cumulative trauma at work first claimed on March 27, 2011. In multiple Utilization Review Reports of December 24, 2014, the claims administrator partially approved request for fentanyl, denied a request for a topical compounded ketoprofen containing cream, denied medial branch blocks, denied Duexis, partially approved Relpax, partially approved Soma, and partially approved baclofen. The claims administrator referenced progress notes of December 10, 2014 and November 20, 2014 in its determination. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant was placed off of work, on total temporary disability. 6-10/10 pain counts were appreciated. The attending provider stated that fentanyl patches and Nucynta were somewhat beneficial. The applicant was having difficulty sleeping, it was acknowledged. The applicant was receiving both [REDACTED] and [REDACTED], it was acknowledged. In one section of the note, the attending provider stated that the applicant was not represented, while a second section stated that the attending provider did not know the name of the applicant's attorney of hand. The applicant's medications included baclofen, Duexis, Nucynta, Relpax, Soma, and Duragesic. The applicant's gastrointestinal review of systems was reportedly negative, the attending provider noted. The applicant was severely obese, with the BMI of 35. The applicant's neck pain was described as severe. The applicant was asked to continue Duexis, baclofen, Soma, Relpax, Duragesic, and Nucynta. Medial branch blocks were endorsed. The applicant was asked to follow up with a cervical spine

specialist. In a December 9, 2014 progress note, it was acknowledged that the applicant was off of work, on total temporary disability. On November 20, 2014, it was, once again, stated that the applicant was off of work, on total temporary disability. 7-10/10 pain complaints were appreciated. Ongoing complaints of neck pain radiating into the hands were reported, left greater than right. A cervical epidural steroid injection was sought on this date.

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

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

#### **10 patches of Fentanyl 25mcg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

**Decision rationale:** 1. No, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, it was acknowledged on multiple progress notes of November and December 2014, despite ongoing usage of Duragesic (fentanyl). The applicant continued to report pain complaints as high as 7-10/10, despite ongoing Duragesic usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Duragesic usage. Therefore, the request was not medically necessary.

#### **1 container of TN1 cream (Ketoprofen 10% and Lidocaine 3%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

**Decision rationale:** 2. Similarly, the ketoprofen-lidocaine topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

#### **1 medial branch block at the left C2, C3, C4 and C5 levels: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint, Medial Branch Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** 3. The request for a cervical medial branch block at C2, C3, C4, and C5 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch block at issue are deemed "not recommended." In this case, it is further noted that the applicant's presentation was not consistent or compatible with the diagnosis of facetogenic or diskogenic neck pain for which the proposed medial branch blocks could be considered. The applicant continued to report ongoing complaints of neck pain radiating into the bilateral hands, left greater than right, suggesting that cervical radiculitis was the applicant's primary pain generator. The request, thus, is not indicated both owing to (a) the unfavorable ACOEM position on article at issue and (b) considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.

**Baclofen 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available): Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

**Decision rationale:** 4. Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed off label for neuropathic pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was off of work, on total temporary disability, despite ongoing baclofen usage. Ongoing baclofen usage failed to curtail the applicant's dependence on opioid agents such as Duragesic. Severe complaints in the 7-10/10 range were appreciated, again, despite ongoing baclofen usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.

**Soma 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.

**Decision rationale:** 5. Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, however, the applicant was, in fact, concurrently using opioid agents, including Duragesic and Nucynta. Adding carisoprodol or Soma to the mix for the chronic, long-term purpose for which it was espoused runs counter to the principles and philosophies espoused on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Relpax 40mg #9:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation RELPAX® - Food and Drug Administration [www.accessdata.fda.gov/drugsatfda.../labe...](http://www.accessdata.fda.gov/drugsatfda.../labe...) Food and Drug Administration INDICATIONS AND USAGE RELPAX is indicated for the acute treatment of migraine with or without aura in adults.

**Decision rationale:** 6. Similarly, the request for Relpax was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Relpax usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations so as to ensure proper usage. Here, however, the attending provider did not clearly state or clearly identify for what purpose Relpax was being employed. The attending provider seemingly suggested that the applicant's presentation was consistent with cervicogenic headache. However, Relpax, per the Food and Drug Administration (FDA) is indicated in the treatment of migraine-type headaches as opposed to the cervicogenic headaches present here. The progress note at issue did not make it apparent or evident for what purpose Relpax was being employed. Therefore, the request was not medically necessary.

**Duexis 800mg/26.6mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

**Decision rationale:** 7. Finally, the request for Duexis, an amalgam of ibuprofen and famotidine, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as famotidine are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on multiple progress notes, referenced above, including on the December 15, 2014 progress note at issue. On that date, the applicant's gastrointestinal review of systems was deemed negative, arguing against the need for the famotidine component of the Duexis amalgam. Since the famotidine component of the Duexis amalgam was not recommended, the entire amalgam is not recommended. Therefore, the request was not medically necessary.