

<b>Case Number:</b>	CM15-0110005		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male sustained an industrial injury to the back and neck on 4/24/07. Recent treatment consisted of cervical collar, acupuncture and medications. In a progress note dated 4/29/15, the injured worker complained of neck and low back pain with spasms, rated 8-9/10 on the visual analog scale. The injured worker reported that medications and transdermal cream helped. The injured worker had just started acupuncture and was scheduled to start aquatic therapy soon. Physical exam was remarkable for cervical spine with tenderness to palpation at the occipital insertion of the paraspinal musculature and mild tenderness at the midline base of the cervical spine and bilateral trapezius with decreased and painful range of motion, mildly positive compression sign and intact sensation to bilateral upper extremities and lumbar spine with tenderness to palpation, slightly tight paraspinal musculature and some tenderness on stress of the pelvis. The injured worker could not fully squat due to pain. Current diagnoses included C5-6 and C6-7 disc herniation with bilateral cervical spine radiculopathy and L5-S1 disc herniation without radiculopathy. The physician noted that the cervical collar was causing pain. The physician recommended a cervical traction unit instead. The treatment plan included requesting authorization for a cervical traction unit, continuing acupuncture and aqua therapy and medications (Tylenol # 3, Lunesta and topical compound cream).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol no. 3 (acetaminophen with codeine) 300/30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2007 and continues to be treated for neck and low back pain. When seen, pain was rated at 8-9/10. He was having muscle spasms. He was wearing a cervical collar at night. Physical examination findings included a slightly antalgic gait. There was cervical, lumbar, and trapezius muscle tenderness. There was decreased and painful cervical spine range of motion. There was buttock and sacroiliac joint tenderness. Medications being prescribed included Tylenol #3. Urine drug screening had been performed in April 2015. Prior urine drug testing within the past 12 months is not documented. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Retrospective urinalysis for DOS 4/29/2015:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p 77-78 Page(s): 77-78.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2007 and continues to be treated for neck and low back pain. When seen, pain was rated at 8-9/10. He was having muscle spasms. He was wearing a cervical collar at night. Physical examination findings included a slightly antalgic gait. There was cervical, lumbar, and trapezius muscle tenderness. There was decreased and painful cervical spine range of motion. There was buttock and sacroiliac joint tenderness. Medications being prescribed included Tylenol #3. Urine drug screening had been performed in April 2015. Prior urine drug testing within the past 12 months is not documented. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and Tylenol #3 was being prescribed. The testing performed was medically necessary.

**Gabapentin 10%, Ketoprofen 10%, Cyclobenzaprine 4%, Capsaicin .0375%, Menthol 5%, Camphor 2% cream 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2007 and continues to be treated for neck and low back pain. When seen, pain was rated at 8-9/10. He was having muscle spasms. He was wearing a cervical collar at night. Physical examination findings included a slightly antalgic gait. There was cervical, lumbar, and trapezius muscle tenderness. There was decreased and painful cervical spine range of motion. There was buttock and sacroiliac joint tenderness. Medications being prescribed included Tylenol #3. Urine drug screening had been performed in April 2015. Prior urine drug testing within the past 12 months is not documented. In terms of topical treatments, compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.