

<b>Case Number:</b>	CM15-0111842		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 51 year old female with an industrial injury dated 11/24/2012. Her diagnoses included osteochondritis desiccans defect left ankle and left ankle contusion. Prior treatments included medications and home exercise program. She presents on 04/21/2015 with complaints of constant pain in her left ankle traveling to her left foot which she described as aching, swollen and throbbing. She rates the pain as 7 on a scale of 0-10 with medications. She also complained of numbness and tingling in the left foot with cramping in her ankle going up into her thigh. Other complaints are difficulty falling asleep due to pain, waking during the night due to pain, decreased muscle mass and decreased energy levels. She states her pain is reduced with rest, activity modification and heat. She was using a walker which she stated had been helpful for her. Her current medications included Oxycodone, Soma, Cymbalta, Citalopram, Prilosec, and Flector patch. Other medications included Baby Aspirin, Atorvastatin, Dicyclomine, Lasix, Amlodipine and Estradiol. Physical exam noted the injured worker ambulated with an antalgic gait favoring the right. She ambulated with a cane. Reflexes for the ankles were diminished on the right. There was non-specific tenderness at the right ankle and foot. Palpation indicates moderate tenderness at the medial and lateral on the right. Lateral stability test and medial stability test were positive on the right ankle and foot. Detailed exam findings are documented in this note. Work status was temporary total disability until 05/28/2015. Treatment plan included referral to foot/ankle specialist to address osteochondritis desiccans and positive objective findings. Medications requested included Percocet, Soma, Oxycodone and Flector patch. The injured worker was to return on 05/28/2015 for follow up. The treatment request is for Flector patch (unspecified quantity) # 1, Oxycodone 15 mg # 120 (authorized), Percocet 10/325 mg # 120, Soma 350 mg # 480 and surgical consultation with foot and ankle specialist (authorized).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #480:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #480 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses or osteochondritis dessicans defect left ankle; and left ankle contusion. The date of injury is November 24, 2012. The request for authorization is dated May 15, 2015. The most recent progress note in the medical record is dated May 29, 2015. Subjectively, the injured worker complains of left ankle pain 7/10. There are no subjective complaints referencing the low back. Utilization review indicates Soma 350 mg was denied September 15, 2014. The start date for Soma 350 mg is unclear based on the documentation available for review. The treating provider requested Soma 350 mg #120 (a one month supply) with three refills (#480). Soma is recommended for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of an acute exacerbation in patients with chronic low back pain. There is no documentation indicating acute low back pain or an acute exacerbation of chronic low back pain. In addition, the treating provider clearly exceeded the recommended guidelines for short-term use (less than two weeks). There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation with objective functional improvement, documentation evidencing acute low back pain or an acute exacerbation of chronic low back pain and treatment continued well in excess of short-term (less than two weeks) recommended guidelines, Soma 350mg #480 is not medically necessary.

**Flector patch (unspecified quantity) #1:** 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), pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch (unspecified quantity) #1 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses or osteochondritis dessicans defect left ankle; and left ankle contusion. The date of injury is November 24, 2012. The request for authorization is dated May 15, 2015. The most recent progress note in the medical record is dated May 29, 2015. Subjectively, the injured worker complains of left ankle pain 7/10. There are no subjective complaints referencing the low back. There was no specified quantity for the flector patch. There were no instructions as to the location to apply the patch. The documentation indicates "for topical use only to painful sites". Subjectively, the injured worker had left ankle pain, but there were chronic physical findings referencing the lumbar spine. There is no documentation indicating first-line treatment failure with antidepressants and anticonvulsants. Flector patch is indicated for acute sprains, strains and contusions. There is no documentation indicating an acute sprain, strain or contusion. Consequently, absent clinical documentation of an acute sprain, strain or contusion, a clinical rationale for the patch, failed first-line treatment and instructions for use, Flector patch (unspecified quantity) #1 is not medically necessary.

**Percocet 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 80, 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses or osteochondritis dessicans defect left ankle; and left ankle contusion. The date of injury is November 24, 2012. The request for authorization is dated May 15, 2015. The most recent progress note in the medical record is dated May 29, 2015. Subjectively, the injured worker complains of left ankle pain 7/10. There are no subjective complaints referencing the low back. The documentation, according to a May 29, 2015 progress note, indicates the treating provider was going to substitute Oxycodone 15 mg for the Percocet 10/325mg in an attempt to reduce gastrointestinal effects. If Oxycodone 15 mg is prescribed as a substitute for Percocet 10/325mg, Percocet 10/325mg is not clinically indicated. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and an oxycodone trial substitute for Percocet 10/325mg, Percocet 10/325mg # 120 is not medically necessary.