

<b>Case Number:</b>	CM15-0127237		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Florida, 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 injured worker is a 51 year old female who sustained an industrial injury on 01/11/2011. Mechanism of injury occurred while performing normal work duties. Diagnoses include cervical fusion, cervical radiculopathy, headaches, and bilateral carpal tunnel syndrome, right De Quervain's tenosynovitis, and right shoulder pain, possible adhesive capsulitis. Treatment to date has included diagnostic studies, medications, use of a Transcutaneous Electrical Nerve Stimulation unit and home exercises. Her medications include Percocet, Duexis, Flexeril, Lyrica, Colace, and Tylenol, and compound cream for pain. She denies any associated side effects. A physician progress note dated 06/08/2015 documents the injured worker complains of continued right shoulder pain. She has an increase of chronic neck pain with tingling to her upper back. The neck pain radiates into the right arm and it is described as sharp and heavy. She complains of increased radiation down the left arm with numbness to all digits of her left and right hand. She also has left hand pain. She rates her pain as 3 out of 10 on the Visual Analog Scale. She often requires assistance from her family. She plans on undergoing carpal tunnel release in July. She takes Percocet as needed and it helps bring her pain level down. She admits to feeling depressed and frustrated due to her symptoms. There is tenderness to the left and right paraspinal muscles and upper trapezius muscles, and there is limited cervical range of motion. She has a positive impingement sign of the right shoulder, and restricted flexion, external rotation and abduction of the right shoulder. There is tenderness to the right upper arm. There are spasms and tightness in the right hand and forearm. Grip strength is decreased on the right, and strength is decreased to

the right upper extremity. Tinel's sign is positive bilaterally and Finkelstein's test on the right is positive. A urine drug screen done on 05/15/2015 was consistent with her medications. The treatment plan is to continue with her medications, use of the Transcutaneous Electrical Nerve Stimulation unit and exercises. She is to continue with scheduled physical therapy and then transition to a home exercise program. Treatment requested is for 60 tablets of Percocet 5/325mg, and Topical compound cream: Ketoprofen 15%/Cyclobenzaprine 2%/Gabapentin 10%/Lidocaine 2%, 240 grams.

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

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

#### **60 tablets of Percocet 5/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured in 2011 and had a cervical fusion, cervical radiculopathy, headaches, and bilateral carpal tunnel syndrome, right De Quervain's tenosynovitis, and right shoulder pain, possible adhesive capsulitis. As of June 2015, there was continued right shoulder pain. She also had an increase of chronic neck pain with tingling to her upper back. She often requires assistance from her family. She plans on undergoing carpal tunnel release in July. She takes Percocet as needed and it helps bring her pain level down. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request is not medically necessary.

#### **Topical compound cream: Ketoprofen 15%/Cyclobenzaprine 2%/Gabapentin 10%/Lidocaine 2%, 240 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** This claimant was injured in 2011 and had a cervical fusion, cervical radiculopathy, headaches, and bilateral carpal tunnel syndrome, right De Quervain's tenosynovitis, and right shoulder pain, possible adhesive capsulitis. As of June 2015, there was continued right shoulder pain. She also had an increase of chronic neck pain with tingling to her upper back. She often requires assistance from her family. She plans on undergoing carpal tunnel release in July. She takes Percocet as needed and it helps bring her pain level down. MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.