

<b>Case Number:</b>	CM15-0173167		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 46-year-old female who reported an industrial injury on 8-15-2011. Her diagnoses, and or impressions, were noted to include: complex left knee medial meniscus tear, status-post meniscectomy; left knee degenerative joint disease; pre-patellar soft tissue edema with moderate joint effusion and synovitis; degenerative lumbar disc disease with facet arthropathy, canal stenosis, and mild caudal left neural foraminal narrowing; lumbar myofascial strain; and lumbago. Recent toxicology studies were noted on 4-8-2015, and Med-panel laboratories on 7-7-2015 noting significantly elevated blood glucose and liver enzymes; no current imaging studies were noted. Her treatments were noted to include: left knee surgery; diagnostic magnetic resonance imaging studies - (lumbar on 8-11-12 & left knee on 8-18-14); recommended surgery; left lumbar-sacral facet joint radio-frequency ablation on 6-25-2015; activity restrictions; left knee injection therapy (7-7-15); lumbar-sacral facet medial branch block (3-12-15); physical therapy; medication management with Med-panels and toxicology studies; and modified work duties. The progress notes of 4-8-2015 reported significantly elevated blood glucose and liver enzymes with the discontinuation of over-the-counter Tylenol, along with a prescription for Tramadol. The progress notes of 7-7-2015 reported slightly improved left knee pain and activity level, since the 6-25-2015 injection, rated 7-8 out of 10, and aggravated by activities; occasional, less frequent headaches; and continued, constant and non-radiating, mild left-side low back pain, rated 6 out of 10 which was brought on by sudden movements and activities. It was noted that she reported taking less of her Tramadol due to side effects caused by her Diabetes medications, and started to take over-the-counter Aleve, and her Ketoprofen

cream, to help manage her pain. Objective findings were noted to include: that she had been taking Tramadol; improving left "IT" band tightness; hypertonicity in the bilateral lumbosacral para-spinals, left > right; tenderness to the left medial knee joint line and left > right bilateral lumbosacral para-spinals; moderate improvement in her limited left lumbar extension ; and positive left Nobel's and Obers tests. The physician's requests for treatments were noted to include: #60 "Apap" with Codeine 300-30 mg every 12 hours as needed, and CM2 - Cyclobenzaprine 5%. The Request for Authorization for APAP with Codeine 300-30 mg every 12 hours as needed, #60, and CM2-Cyclobenzaprine 5% was not noted in the medical records provided. The Utilization Review of 8-19-2015 non-certified the requests for APAP with Codeine 300-30 mg every 12 hours as needed, #60, and CM2-Cyclobenzaprine 5%.

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

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

**APAP with codeine 300/30 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. The APAP with codeine 300/30 mg #60 is not medically necessary and appropriate.

**CM2-Cyclobenzaprine 5%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Topical Analgesics.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2011 injury without improved functional outcomes attributable to their use. The CM2-Cyclobenzaprine 5% is not medically necessary and appropriate.