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| <b>Case Number:</b>   | CM15-0077714 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 12/22/2011 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 03/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2015 |

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 41 year old female, who sustained an industrial injury on December 22, 2011. The injured worker has been treated for head, neck and shoulder complaints. The diagnoses have included left shoulder rotator cuff tear, other affections of the shoulder region, wrist sprain/strain, lumbar sprain/strain, cervical sprain/strain, thoracic sprain/strain and carpal tunnel syndrome. Treatment to date has included medications, radiological studies, chiropractic care, physical therapy, acupuncture treatments, topical analgesics psychological management, a transcutaneous electrical nerve stimulation unit, a lumbar brace and bilateral wrist braces. The documentation notes that despite all the conservative care the injured worker did not feel any better. Current documentation dated February 23, 2015 notes that the injured worker reported constant neck pain that radiated. The pain was rated a four-seven out of ten on the visual analogue scale and was noted to be worse with activity. Medication and transdermal creams were noted to help with the pain. No Physical examination was provided in the documentation. The treating physician's plan of care included requests for Norco and Cyclobenzaprine-Tramadol cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Norco 5/325mg with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The medical records do not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for 60 Norco 5/325mg with 2 refills is not medically necessary.

**1 prescription of Cyclo-Tramadol cream with 5 refills:** Upheld

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

**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, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 recommended." Cyclobenzaprine Or Muscle Relaxants (Not Recommended). MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclo-benzaprine is not indicated for this usage, per MTUS. Tramadol (Not Recommended). MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. Since this compound contains two compounds that are not recommended as topical agent, the request for 1 prescription of Cyclo-Tramadol cream with 5 refills is not medically necessary.