

<b>Case Number:</b>	CM14-0006748		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/28/2008
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old female who has filed a claim for internal derangement of the right ankle associated with an industrial injury date of March 28, 2008. Review of progress notes indicates right foot pain radiating to the pinky. Findings include well-healed lateral aspect of the right foot with restricted motion. Treatment to date has included NSAIDs, opioids, gabapentin, muscle relaxants, Soma, anti-depressants, sedatives, physical therapy for the right ankle, and reconstruction of the right lateral ankle in May 2013. Utilization review from December 18, 2013 denied the retrospective requests (date of service 11/22/13) for Norco 10-325mg #120 x 2 (total #240) as there was no documentation of benefit received from this medication, and the patient should be weaned off heavy dose narcotics by now; Prilosec 20mg #60 as there was no documentation of history of GI problems, and patient is not on an NSAID; Fexmid 7.5mg #120 as it is not recommended for long-term use, and there was no evidence of improvement with this medication; ketoprofen, cyclobenzaprine, lidocaine 10%/3%/5% 120g with 3 refills, and flurbiprofen 10%/capsaicin 0.025%/menthol 2%/camphor 1% 120g with 3 refills as there was no documentation of failure of or intolerance to first and second-line oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10-325 MG #120 TIMES TWO (TOTAL #240) DISPENSED ON 11/22/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since September 2012. The 11/22/13 medical report was solely for a follow up post-op visit for the patient's ankle surgery performed 5/22/13. The report was very brief and SOAP notes were limited only to the right ankle. There is no documentation regarding pain ratings, symptomatic improvement, or objective functional benefits derived from Norco, continued need for Norco or of periodic urine drug screens to monitor medication use. Therefore, the retrospective request for Norco 10-325mg #120 x2 (total #240) dispensed 11/22/13 was not medically necessary.

**PRILOSEC 20 MG #60 DISPENSED ON 11/22/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least May 2013. However, there is no documentation of the abovementioned risk factors, or of upper GI symptoms, to support this request. Therefore, the retrospective request for Prilosec 20mg #60 dispensed on 11/22/13 was not medically necessary.

**FEXMID 7.5 MG #120 DISPENSED ON 11/22/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE (FLEXERIL, AMRIX, FEXMID, GENERIC AVAILABLE), Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. There is no documentation as to when this medication was started in this patient. The 11/22/13 medical report was solely for a follow up post-op visit for the patient's ankle surgery performed 5/22/13. The report was very brief and SOAP notes were limited only to the right ankle. There were no findings to support the use of a muscle relaxant as there is no documentation of muscle spasms or acute exacerbations of chronic pain. Therefore, the retrospective request for Fexmid 7.5mg #120 dispensed on 11/22/13 was not medically necessary.

**KETOPROFEN, CYCLOBENZAPRINE, LIDOCAINE 10%/3%/5% 120 GRAM PRESCRIBED 11/22/13 WITH THREE REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pages Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. There is no evidence for use of cyclobenzaprine as a topical product. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. There is no documentation regarding failure or intolerance to conventional oral pain medications, and certain components of this product are not recommended for topical use. There is no discussion concerning the need for variance from the guidelines. Therefore, the retrospective request for ketoprofen, cyclobenzaprine, lidocaine 10%/3%/5% 120g prescribed 11/22/13 with 3 refills was not medically necessary. 0 g prescribed 11/22/13 with 3 refills was not medically necessary.

**FLURBIPROFEN 10%, CAPSAICIN 0.025%, MENTHOL 2%, CAMPHOR 1% 120 GRAM PRESCRIBED 11/22/13 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS Page(s): 71, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Capsaicin, topical page 28; Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on pages 111-113 in the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class)

that is not recommended is not recommended. There is little to no research as for the use of flurbiprofen in compounded products. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no documentation regarding failure or intolerance to conventional oral pain medications, and flurbiprofen is not recommended for topical use. There is no discussion concerning the need for variance from the guidelines. Therefore, the retrospective request for flurbiprofen 10%, capsaicin 0.025%, menthol 2%, camphor 1% 120g prescribed 11/22/13 with 3 refills was not medically necessary.