

<b>Case Number:</b>	CM14-0107878		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/26/2004
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Internal 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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on January 26, 2004. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of intermittent low back pain. Current medications include Norco. The injured employee is s/p bilateral total knee arthroplasty and was stated to be happy with the outcome of the surgery. The physical examination demonstrated well-healed incisions of the knees. Range of motion was from 0 to 110. No effusion, warmth, or erythema was noted. Examination of the lumbar spine revealed tenderness of the paravertebral muscles. There were slightly decreased lumbar spine range of motion and normal strength of the lower extremities. Diagnostic imaging studies of the lumbar spine revealed multilevel disc protrusions and facet arthropathy. Previous treatment included bilateral total knee arthroplasty and oral medications. A request made for Norco 5/325 mg with 2 refills qty 30 and a topical compound (Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5% and Hyaluronic Acid 0.2%) 120 grams qty 1 with 2 refills was denied in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** The request is for Norco 5/325mg, #30 with 2 refills. The records indicate that the last time this injured worker was evaluated was on 06/03/14 and at that time, his pain was not objectively identified on exam. There were no indications of recent drug screen to indicate that he is not compliant with his medication. There is no indication of functional improvement with his medication. Per the evidence-based guidelines, the injured workers need for this medication is not supported by the records and at this time is not medically necessary.

**Topical compound (Baclofen 2%, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5% and Hyaluronic acid 0.2%) 120 grams, #1 with 2 refills:** Upheld

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

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

**Decision rationale:** The request is for compounded medication including Baclofen, Cyclobenzaprine, Flurbiprofen, Lidocaine, and Hyaluronic acid. MTUS chronic pain guidelines failed to indicate support for compounded creams such as this. They indicate that there are few randomized controlled trials demonstrating the overall efficacy of this type of medication. They also indicate that if one medication in the compounded medication is not approved, the entire compounded cream would not be approved. The submitted records indicate the compounded medication includes Lidocaine and MTUS chronic pain guidelines indicate this should be a trial of first line therapy such a tricyclic SNRI (serotonin-norepinephrine reuptake inhibitor) antidepressant or an AED (antiepilepsy drug), such as Gabapentin or Lyrica, prior to the utilizing this medication. This compound also includes Baclofen and MTUS chronic pain guidelines do not recommend this medication. As such, this entire compound is not supported by guidelines. There is also no rationale for prescribing this medication as the last clinical note fails to identify significant pain for the injured worker and/or inflammation or muscle spasms. Therefore, this request is not supported and the request for this topical compound cream is not medically necessary.