

<b>Case Number:</b>	CM14-0010275		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 40-year-old male who has submitted a claim for status post closed head injury with loss of consciousness, laceration of the right forearm status post repair, right forearm neurapraxia, antebrachial cutaneous sensory nerve with probable adhesive neuritis, lumbar spine strain and strain with evidence of T12 compression fracture and evidence of bilateral L4-L5 and L5-S1 facet arthropathy and left knee internal derangement, associated with an industrial injury date of November 7, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and pain in the right upper extremity and left knee. Physical examination revealed a slightly antalgic gait. There was bilateral cervical paraspinous tenderness with no palpable muscle spasm present. Cervical range of motion as follows: flexion to 50 degrees, extension to 50 degrees, right rotation to 50 degrees and left rotation to 60 degrees. Muscle strength was 5/5 for bilateral upper extremities. There was decreased sensation in the T1 distribution and right C8 distribution. DTRs were 2+ and symmetrical bilaterally. Examination of the lumbar spine revealed bilateral lumbar paraspinous tenderness over the surrounding musculature with exquisite pinpoint tenderness over the bilateral L4-L5 and L5-S1 paravertebral joints. Lumbar spine range of motion as follows: flexion to 50 degrees, extension to 10 degrees, right lateral bending to 5 degrees and left lateral bending to 5 degrees. Straight leg raise test was negative bilaterally. Motor strength and sensory examination were within normal limits. Treatment to date has included physical therapy, a home exercise program, a knee brace, medial branch nerve blocks 8/29/13, and medications, which include Nabumetone 750mg, Ibuprofen, Relafen 750mg, Tizanidine, Norco 10/325mg and Compounded Ketoprofen, Gabapentin, and Lidocaine. Utilization review from December 23, 2013 denied the request for Norco 10/325mg -1 tab QD-BID prn because the patient is responding to the injections and recovering from the accident, which took place over a year ago. The

documentation provided did not indicate routine surveillance for abuse, misuse or diversion of opioids as well as prior history of opioid use and plans for weaning and discontinuation long-term. The request for compounded Ketoprofen, Gabapentin, and Lidocaine was denied because the patient is already taking an oral anti-inflammatory medication and there is no added benefit with the additional NSAID. In addition, Ketoprofen and Gabapentin are not recommended as topical products

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

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

#### **NORCO 10/325 MG 1/2 - 1 TAB ONCE A DAY TO TWICE A DAY AS NEEDED:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, records indicate that the patient has been on opioids since 11/7/13. Medical records clearly mentioned continued analgesia and functional benefit. Progress report dated 12/20/13 stated that medication use provided 30-40% improvement of pain and has allowed the patient to perform activities of daily living and light household chores. Also, there was attempted discontinuation of Norco, however the patient noted increase in pain level and insomnia. Records also included toxicology screening, and monitoring of adverse effects or aberrant behavior from opioid use. Medical necessity has been established. Therefore, the request for Norco 10/325 mg -1 tab once a day to twice a day as needed is medically necessary and appropriate.

#### **COMPOUND OF KETOPROFIN, GABAPENTIN AND LIDOCAINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, state there is little to no research as for the use of ketoprofen in compounded products. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Guidelines do not support the use of both opioid medications

and gabapentin in a topical formulation. Compounded products have limited published studies concerning its efficacy and safety. Topical compound contained Ketoprofen (NSAID), Lidocaine (anesthetic), and Gabapentin. In this case, the patient has been on a topical compounded product since 4/22/13. Compounded products were prescribed as adjuvant therapy for oral medications however, there was no discussion concerning the need for three different topical medications. In addition, certain components of this compounded product are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for compound of Ketoprofen, Gabapentin, and Lidocaine is not medically necessary and appropriate.