

<b>Case Number:</b>	CM14-0011037		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 54-year-old female who has submitted a claim for intervertebral disc disorder and post laminectomy syndrome associated with an industrial injury date of 4/4/2001. Medical records from 2013 were reviewed which revealed persistent neck pain radiating to the arms and legs. She felt depressed and have troubling sleeping. She developed daytime fatigue and somnolence. Physical exam showed stiffness of lower back with limited range of motion. X-ray of the cervical spine done on 4/25/13 showed post anterior fusion from C5-C7. Multilevel degenerative changes from C2-T1 were noted with variable neuroforaminal stenosis and narrowing of the joints of Luschka. Treatment to date has included, epidural injection and physical therapy sessions. Medications taken include, Lisinopril, Celebrex, Percocet, Dovonex Cream, Zyrtec and Norco. In a utilization review from 1/27/14 modified the request for Norco from #1560 to #60 for weaning purposes. The request for Flurbiprofen was denied because guidelines do not recommend compounded topical analgesics if one or more ingredients are not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #1560:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 75, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids Page(s): 78-81.

**Decision rationale:** As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated 08/29/2013. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 10/325MG, #1560 is not medically necessary.

**FLURBIPROFEN WITH LIDODERM 30ML, #13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Topical Analgesics Page(s): pages 111-113.

**Decision rationale:** As stated on pages 111-113 of 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. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, patient was prescribed Flurbiprofen with Lidoderm 30 ml. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topicals which does not include Flurbiprofen. Regarding Lidoderm 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for FLURBIPROFEN WITH LIDODERM 30ML, #13 is not medically necessary.