

<b>Case Number:</b>	CM14-0124300		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/20/1985
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is an 82 year old female who sustained an injury on 09/20/1985. The mechanism of injury is undisclosed. The injured worker has been followed for ongoing complaints of moderate low back pain as well as tenderness over the sacroiliac joints. The injured worker also described lower extremity symptoms. The injured worker was noted to have had prior inconsistent urine drug screens from 03/28/14 as there was no indication of Hydrocodone use which was a prescribed medication. The injured worker did have positive findings for both Cyclobenzaprine and Amitriptyline which was not a prescribed medication at the time of the study. The injured worker did undergo left sided sacroiliac joint injections on 07/29/14. The clinical report from 07/18/14 noted the injured worker had severe complaints of pain 9/10 with tenderness in the sacroiliac joints as well as pain radiating to the lower extremities. On physical examination there was positive straight leg raise noted to the left with sensation loss in the right lower L4 distribution. Medications continued at this evaluation included Norco, Gabapentin, Anaprox, Prilosec, Flexeril, Flurbiprofen cream, Terocin cream and a topical compounded medication including Gabapentin and Cyclobenzaprine. The requested medications to include topical Terocin/Flurbiprofen cream 180 grams, Norco 10/325 milligrams quantity 120, Gabapentin 600 milligrams quantity sixty, Anaprox 550 milligrams quantity sixty, Flexeril 7.5 milligrams quantity, Prilosec quantity sixty, and compounded Gabapentin and Cyclobenzaprine 180 grams were all denied by utilization review on 07/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin/Flurbi Cream 180grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flubiprofen which is not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, these topical medications cannot be supported as medically necessary.

**Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments COMM/SOAPP (Current Opioid Misuse Measure and Screener and Opioid Assessment for Patients with Pain) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. The request for Norco, is not medically necessary.

**Gabapentin 600mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-23.

**Decision rationale:** From the most recent clinical reports provided for review, the injured worker reported severe pain 9/10 with radiating pain to the lower extremities. There was no discussion regarding continuing use of gabapentin at this evaluation. Given the injured worker's lack of any substantial pain improvement, it does not appear that Gabapentin was effective in controlling the injured worker's symptoms. Therefore, the request for ongoing use is not supported by the clinical records submitted for review, is not medically necessary.

**Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The chronic use of prescription nonsteroidal antiinflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over the counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over the counter medication for pain.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** Based on the clinical documentatin provdied for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request for ongoing use of this medication at this time is not medically necessary.

**Prilosec #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Furthermore, the request is not specific in regards to quantity or duration. Given the lack of any clinical indication for the use of a proton pump inhibitor this request is not medically necessary.

**Gabaclotram 180 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Gabapentin, Cyclobenzaprine, and Tramadol which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, these topical medications cannot be supported as medically necessary.