

<b>Case Number:</b>	CM14-0129514		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/19/10. A utilization review determination dated 7/18/14 recommends non-certification of topical compounds and Fioricet. 6/18/14 medical report identifies improving constipation, diarrhea more frequent than constipation, bright red blood per rectum one day earlier, tension headache 7/10, acid reflux controlled with PPI. On exam, no abnormal findings are noted. Recommendations include Dexilant, Linzess, Fioricet, and compounds to aid with pain relief and reduce the usage of NSAIDs and opiates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound med cream (Flurbiprofen 20%/Tramadol 20% in Medium Base) 210gm:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for compound med cream, California MTUS notes that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term

use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of a topical opioid rather than the FDA-approved oral form for this patient. In light of the above issues, the currently requested compound cream is not medically necessary.

**Compound Cream (Gabapentin 10%/Anumoukabe 10%/Dexromethorphan 10% Medium Base) 210gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for compound cream, California MTUS notes that Gabapentin not supported by the CA MTUS for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms of the additional agents (Amitriptyline and Dextromethorphan) for this patient. In light of the above issues, the currently requested compound cream is not medically necessary.

**Floriset 50/325 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 23 of 127.

**Decision rationale:** Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesic agents are not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Within the documentation available for review, there is no indication of efficacy from prior use and a rationale for ongoing use despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested Fioricet is not medically necessary.