

<b>Case Number:</b>	CM14-0139512		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 a 54 year old female who sustained injury on 04/16/07 while lifting a bag of trash. The injured worker developed complaints of sharp neck pain and back pain. MRI from 2007 noted multilevel degenerative disc disease. The injured worker attended chiropractic manipulation for the injury. The injured worker had prior laminectomy and discectomy with interbody fusion in 02/14. Post-operatively the injured worker continued to report complaints of low back pain radiating to the lower extremities that had slightly improved with surgery. The injured worker attended post-operative physical therapy. As of 08/07/14 the injured worker continued to report low back pain radiating to the lower extremities right worse than left. Pain scores were 8/10 in severity however these were improved by approximately 40-50% with medications. On physical examination the injured worker had diffuse tenderness in the lumbar paraspinals with associated spasms. Medications refilled at this visit included Norco 10/325mg Gabapentin 600mg Flexeril 7.5mg Prilosec 20mg and topical analgesics and Laxacin for constipation. Cymbalta was prescribed for neuropathic pain. The requested medications and weight loss program were denied by utilization review on 08/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 weight loss management program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A,

Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. *Ann Intern Med* 2005 Apr 5;142(7):525-31

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

**Decision rationale:** In review of clinical documentation submitted for review there is limited information for the recommendations for weight loss management program. Clinical documentation submitted for review did not identify any specific failure of other methods of diet control or referral to a nutritionist for this injured worker. Given the evidence given the lack of evidence of failure of other methods of losing weight including nutritional care this reviewer would not recommend the request as medically necessary.

**1 prescription of Norco 10/325 mg #120:** Upheld

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

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

**Decision rationale:** In regards to the use of Norco 10/325mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. 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) to determine risk stratification for this injured worker. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommended this request as medically necessary.

**1 prescription of Flexeril 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) and Muscle relaxants (for pain).

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

**Decision rationale:** In regards to the use of Flexeril 7.5mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided 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 reviewer would not have recommended the ongoing use of this medication.

**1 prescription of Flurbi (Nap) Cream-LA #180 (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications / Topical NSAIDs / Lidocaine, topical.

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

**Decision rationale:** In regards to the use of a topical compounded medication that includes Flurbiprofen, Lidocaine, and Amitriptyline this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US 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 Flurbiprofen and Amitriptyline 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, this compound cannot be supported as medically necessary.

**1 prescription of Terocin patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical, Capsaicin, topical, Salicylate topicals, and M.

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

**Decision rationale:** In regards to the use of Terocin topical analgesics, this reviewer would not have recommended this request as medically appropriate. Terocin contains Capsaicin which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as

the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.

**1 prescription of Gabacyclotram #180 (Gabapentin 10% Cyclobenzaprine 6%, Tramadol 10%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, topical, Other muscle relaxants and Topical Analgesics.

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

**Decision rationale:** In regards to the use of a topical compounded medication that includes Gabapentin, Cyclobenzaprine, and Tramadol; this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US 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, this compound cannot be supported as medically necessary.