

<b>Case Number:</b>	CM14-0151930		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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:

This 50 year old patient had a date of injury on 8/17/2011. The mechanism of injury was not noted. In a progress noted dated 8/27/2014, the patient complains of severe right buttock, hip and leg pain. She describes the pain as burning, sharp, shooting pain down the front and back of her right leg, down to her calf. The patient is having insomnia, and Norco was not helping as much as it used to. On a physical exam dated 8/27/2014, the patient's UDS was claimed to be positive for hydrocodone, hydromorphone, fluoxetine on 7/29/2014. The diagnostic impression shows right knee internal derangement, S/P right knee arthroscopy, retropatellar chondroplasty and anterior synovectomy, right knee pain, right sciatica, pain related insomnia. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 8/29/2014 denied the request for Fluriflex Ointment, stating there is no clear evidence for use of muscle relaxants in topical formulations, and there was no evidence of a failure of 1st line oral analgesic. In addition, Colace 100mg #90 was denied, stating that since Norco was not certified, there would not be a medical necessity for Colace, and Norco 10/325 #240, stating that there is no plan to taper the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Fluriflex Ointment:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical cyclobenzaprine and Flurbiprofen, which are not currently supported by MTUS and ODG guidelines. Furthermore, in the documentation provided, there was no discussion regarding failure of a 1st line oral analgesic. Therefore, the request for Fluriflex Ointment was not medically necessary.

**90 Tablets of Colace 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Docusate

**Decision rationale:** CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. In the documentation provided, this patient has been on Colace since at least 7/24/2014, and it was noted that the plan was to discontinue Norco in the 8/27/2014 progress report. No clear rationale was provided regarding the further necessity of Colace. Therefore, the request for Colace 100mg #90 was not medically necessary.

**240 Tablets of Norco 10/325mg:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. In the 8/27/2014 progress report, there was no documentation of functional improvement noted

from the opioid regimen. Furthermore, this patient claims that his pain is 10/10 and that his Norco is not helping as much as it used to. Therefore, the request for Norco 10/325 #240 was not medically necessary.