

<b>Case Number:</b>	CM14-0165126		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/24/1998
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 & Rehabilitation 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 injured worker is a 47 year old female with a reported date of injury on 03/24/1998. Her mechanism of injury was not included in the medical records. Her relevant diagnoses were chronic cervicgia, chronic pain symptoms, comorbid constipation, chronic lower back pain, cervical degenerative disk disease, and headache. Her past treatments included physical therapy and a home exercise program. Her pertinent diagnostic studies included a urine drug screen on 07/28/2014 which was positive for ethyl glucuronide, acetaminophen and negative for Lorazepam. Pertinent surgical history was not included in the medical records. On 09/02/2014, the injured worker reported headaches and improved tingling sensation in her hands. She reported she was performing a home exercise program daily. Objective findings included diminished range of motion, tenderness to the cervical paraspinals, 2+ deep tendon reflexes, and palpatory muscle guarding/tightness at her paraspinals of her cervical and lumbar area. On 09/15/2014, she had no complaints during her physical exam. There were no objective physical exam findings provided. Her current medications included Motrin 800mg, Midrin, Ativan 1mg, Amitiza 24 mcg, baclofen 5mg, and Fioricet 50/325/40. Her treatment plan included medication refills. There was no rationale for the request or Request for Authorization form in the medical chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Cream: Flurbiprofen 20%, Cyclobenzaprine 10%, Gabapentin 10% 4gm:** 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 Topical Analgesics Page(s): 111, 113.

**Decision rationale:** The injured worker has a history of chronic cervicalgia, chronic pain symptoms, comorbid constipation, chronic low back pain, and cervical degenerative disk disease. The injured worker's medication regimen included Motrin 800mg, Midrin, Ativan 1mg, Amitiza 24 mcg, Baclofen 5mg, and Fioricet 50/325/40. The California MTUS Guidelines state there is little to no research to support the use of compounded agents in any combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note the use of gabapentin for topical application is not recommended as there is no peer reviewed literature to support its use. The guidelines note NSAIDs, such as Flurbiprofen, may be useful for chronic musculoskeletal pain but there are no long term studies of its effectiveness and safety. Topical NSAIDs are recommended for short-term use of 4-12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. Muscle relaxants, such as cyclobenzaprine, are not recommended as there is no evidence for their use as a topical product. There are no dosing instructions included in the request. The request is not medically necessary as the guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medication would not be indicated. As such, the request is not medically necessary.

**Ativan 0.5mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The injured worker has a history of chronic cervicalgia, chronic pain symptoms, comorbid constipation, chronic lower back pain, cervical degenerative disk disease. Her current medications were Motrin 800mg, Midrin, Ativan 1mg, Amitiza 24 mcg, baclofen 5mg, and Fioricet 50/325/40. The California MTUS guidelines state benzodiazepines are not recommended for long-term use because their long term usefulness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been taking Ativan since at least 03/27/2014. There is no indication of anxiety. There are no dosing instructions included in the request for Ativan. The guidelines do not support long term use of benzodiazepines. As such, the request is not medically necessary.

**Fioricet 50/325/40 #30:** 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 Barbiturate-containing analgesic agents (BCA's) Page(s): 23.

**Decision rationale:** The injured worker has a history of chronic cervicalgia, chronic pain symptoms, comorbid constipation, chronic lower back pain, cervical degenerative disk disease. Her current medications were Motrin 800mg, Midrin, Ativan 1mg, Amitiza 24 mcg, Baclofen 5mg, and Fioricet 50/325/40. The guidelines state barbiturate-containing analgesics are not recommended for chronic pain. The potential is high for drug dependence and there is a risk of overuse as well as rebound headache. There is no indication as to the efficacy of the medication or rationale for prescribing it. The injured worker has been taking Fioricet since at least 03/27/2014. There are no dosing instructions for this medication within the submitted request. As the guidelines state barbiturate containing analgesic agents are not recommended for chronic pain and the injured worker has been taking this medication since at least 03/27/2014, the request is not supported. Therefore, the request is not medically necessary.