

<b>Case Number:</b>	CM14-0035987		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/18/1998
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal 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 Physician 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 58 year old female who has a date of injury of 06/18/98. The mechanism of injury is not described. The injured worker currently has diagnoses of cervical spine spondylosis, lumbar spine spondylosis, osteoarthritis of the bilateral knees, and a rotator cuff tear of the right shoulder. The submitted clinical records indicate that the injured worker has been maintained on the medications Norco, Soma, and a topical compounded medication. It is reported she receives benefit from this. The records do not provide any serial visual analog scale scores. Serial examinations indicate that she continues to have cervical, lumbar, and bilateral knee pain. Physical examinations note reduced cervical and lumbar range of motion with spasms of the paravertebral musculature bilaterally. On examination of the knees, range of motion is 0 to 120 degrees. Effusion is noted. There is tenderness to palpation. On examination of the right shoulder, there is minimal movement for flexion, extension, and abduction. There is generalized tenderness throughout the shoulder girdle. Motor and reflexes are reported to be normal in the upper and lower extremities. Sensation is intact in the lower extremities. There is decreased sensation noted at the right hand, thumb, and index finger. The record contains 1 urine drug screen. The record contains a utilization review determination dated 03/17/14 in which requests for Soma 350mg #60, Norco 10/325mg #60, and Flurbi 25% - Menth 10% - Camp 3% - Cap 0.375 topical cream 30 grams were not supported as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma, page 29 Page(s): 29.

**Decision rationale:** The request for Soma 350mg #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has taken Soma chronically for subjective complaints. It is noted in review of the records that the injured worker's pain levels are increasing despite chronic use of these medications. It would further be noted that Chronic Pain Medical Treatment Guidelines strongly discourages the use of Soma for the treatment of chronic myofascial pain.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, pages 74-80 Page(s): 74-80.

**Decision rationale:** The request for Norco 10/325mg #60 is not supported as medically necessary. The submitted clinical records do not provide any substantive data establishing that the use of Norco 10/325mg results in functional improvements. There is no data presented which indicates that the injured worker clearly benefits from this. There is no indication given the chronicity of the condition that the injured worker has a signed pain management contract. Further, the record contains only 1 urine drug screen suggesting that the injured worker is not routinely tested for compliance. As such, the medical necessity for the continued use of this medication is not established.

**30gm flurbi 25%-menth 10%-camp 3%-cap 0.375% topical cream:** 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, pages 112-113 Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** The request for 30 grams of Flurbiprofen 25% - Menthol 10% - Cam 3% - Cap 0.375% topical cream is not supported as medically necessary. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Flurbiprofen which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.