

<b>Case Number:</b>	CM14-0039680		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 51 year old female who sustained an injury on 01/10/05 when she slipped and fell injuring the left knee. The injured worker did receive surgery for the left knee and subsequently developed a deep venous thrombosis. The injured worker required Coumadin therapy for several months following the complication. She was followed for ongoing complaints of chronic musculoskeletal complaints as well as concurrent depression and anxiety. The injured worker reported continuing complaints in the neck, mid back and low back as well as the left knee with difficulty walking or standing. Multiple medications have been noted to include the use of anti-inflammatories, analgesics, and Butalbital for headaches. She was previously prescribed a compounded topical medication that included anti-inflammatories, muscle relaxers and analgesics. There was a clinical report from 04/25/14 noting that the injured worker had continuing complaints of pain in the left knee, neck, mid back and low back. The injured worker described weakness and feelings of instability in the left knee. The injured worker also described numbness and tingling and radiating pain extending through the left lower extremity. Prescription medications at this evaluation did include Hydrocodone 2.5 mg, Diclofenac, Butalbital and Docusate. On physical examination there was tenderness to palpation in the neck and low back as well as at the left knee. Decreased sensation was reported in the left thigh. Medications were continued at this visit and the injured worker was recommended to continue psychiatric treatment. The requested Hydrocodone, Fioricet, Voltaren, Colace and compounded topical medications were all denied by utilization review on 03/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 2.5mg/325mg 60 count:** Upheld

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

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

**Decision rationale:** 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 Hydrocodone 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 guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. 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 Hydrocodone; nor was there any compliance measures such as toxicology testing or long term opiate risk assessments to determine risk stratification for this patient. No specific pain improvement was attributed to the use of this medication. As such, the request is not medically necessary.

**Fioricet 60 count # 60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, BCA's.

**Decision rationale:** Barbituates containing analgesics, such as Fioricet, are not recommended for long term use due to the risk factors for dependency and abuse. In this case, there is no clinical documentation to establish the injured worker had any substantial functional benefit or pain reduction with the use of this medication that would have supported its continued use. Therefore, the request is not medically necessary.

**Voltaren 100mg 60 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. The injured worker could have reasonably transitioned to an over-the-counter medication for pain. As such, the request is not medically necessary.

**Colace 100mg 60 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference, Colace, 67th edition, 2013.

**Decision rationale:** The continuation of Hydrocodone was not supported for this injured worker. Therefore, there would be no reason to continue the use of Colace as a prophylaxis for long term opioid medication use. As such, the request is not medically necessary.

**Compounded: Flurbiprofen 25%/30gm Cyclobenzaprine/10% Tramadol 10% topical cream 120gm tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications/Topical Cream.

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

**Decision rationale:** MTUS Chronic Pain Treatment Guidelines 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, Cyclobenzaprine, and Tramadol which are not approved for transdermal use. The clinical documentation provided did not discuss the injured worker's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there was no rationale regarding the use of duplicative components as the injured worker was already being prescribed an oral NSAID. Therefore, the request is not medically necessary.