

<b>Case Number:</b>	CM14-0041554		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Florida and 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 patient is a 53 year old male who was injured 2/1/2010. The diagnoses are low back pain and muscle spasm. On 6/13/2014, [REDACTED] noted subjective complaints of low back pain radiating to lower extremities and intermittent muscle spasm. There were associated complaints of numbness, tingling of lower extremities and muscle stiffness. The objective findings are tender muscle spasm along the lumbar spine with normal motor power, reflexes and sensations. The patient had completed PT and is now doing home exercise and Gym stationary bike riding. The medications are Norco for pain, topical compound Flurbiprofen/Menthol/Camphor/Capsaicin for pain and Soma for muscle spasm. The patient had been utilizing Soma and Norco for many years. A Utilization Review Utilization determination was rendered recommending non certification for compound topical Flurbiprofen/menthol/Camphor/Capsaicin, one time Soma 350mg and modified certification for Norco 7.5/325mg #60 to #45 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Norco (Hydrocodone/APAP) 7.5/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-96.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The required documentation during chronic opioid therapy include compliance monitoring measures such as Pain Contract, UDS, absence of aberrant behavior and improvement in ADL. The record indicate that the patient have been utilizing opioids for many years. The required documentations are missing in the available records. The clinical examinations showed normal sensory, motor and reflexes indicating non severe low back pain. The criteria for the use of Norco 7.5/325mg #60 was not met.

**Flurbiprofen Menthol Camphor Capsaicin topical medication:** Upheld

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

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

**Decision rationale:** The CA MTUS addressed the use of topical analgesics preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized when trials of anticonvulsant and antidepressant medications are ineffective or cannot be tolerated. The record did not indicate that the patient have tried but failed these first line medications. The guideline does not recommend the topical use of Flurbiprofen or non FDA approved preparations containing products such as menthol and camphor. It is recommended that topical preparation such as capsaicin be tried and evaluated individually. The use of compound topical preparation containing Flurbiprofen, Menthol, Camphor and Capsaicin did not meet the guideline criteria.

**One prescription of Soma:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 63-66.

**Decision rationale:** The CA MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasm associated with chronic pain. It is recommended that only non-sedating muscle relaxants be used when necessary as second-line option for the short term treatment of acute exacerbation of symptoms that are non-responsive to standard treatment with NSAIDs, PT and exercise. Chronic use of muscle relaxants is associated with increased risk of dependency, addiction, sedation and adverse interaction with other sedatives and opioids. The patient had been utilizing Soma for several years. Soma is a sedating muscle relaxant that is

metabolized to meprobamate, an addicting central acting sedative. The patient is currently doing home exercises, Gym exercises and Gym bike riding. The criteria for the use of Soma 350mg, one time prescription was not met.