

<b>Case Number:</b>	CM14-0049674		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/05/2002
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Family Practice 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 is a 51-year-old female claimant who sustained an injury on July 5, 2002 involving the neck and back. In 2003 she underwent multilevel cervical spinal fusion and discectomies. She was diagnosed with cervicgia. She had an MRI in February of 2014 that indicated a prior cervical spine fusion and anterior discectomy as well as cervical disc degeneration of the thoracic spine. Since her injury she has undergone numerous interventions including physical therapy, hot packs, electrical stimulation, exercises, pool therapy and acupuncture. A progress note on March 26, 2014 indicated the claimant had no change in functional exam from prior visits. Physical exam was not performed at the time. The treating physician requested physical therapy two times a week for six weeks for the cervical and thoracic spine. In addition he provided Norco 10 mg tablets with two month supply and topical Fluriflex cream. She had been on the Norco for several months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex 120 gram with six (6) refills:** 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): 111-112.

**Decision rationale:** Fluriflex contains Flurbiprofen (NSAID) and Cyclobenzaprine (muscle relaxant). According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. Based on the above, Fluriflex cream is not medically necessary.

**Hydrocodone 10/325 mg #60 with two (2) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone (Norco) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line of therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a several months without significant improvement in pain or function. A physical exam or pain score assessment was not done prior to refilling additional Norco. The continued use of Norco is not medically necessary.

**Physical therapy, two (2) times weekly for six (6) weeks, for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, physical therapy should be allowed for fading treatment frequency. For most diagnoses including myalgia and neuralgia the amount of treatments recommended are up to 10 visits within eight weeks. Over a decade since the injury the claimant had undergone numerous forms of therapy. Injury is not acute. A physical exam was not performed during the time of request for additional physical therapy. Therefore a request for 12 additional therapy visits of the cervical spine is not medically necessary.

**Physical therapy, two (2) times weekly for six (6) weeks, for thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, physical therapy should be allowed for fading treatment frequency. For most diagnoses including myalgia and neuralgia the amount of treatments recommended are up to 10 visits within eight weeks. Over a decade since the injury the claimant had undergone numerous forms of therapy. Injury is not acute. A physical exam was not performed during the time of request for additional physical therapy. Therefore a request for 12 additional therapy visits of the thoracic spine is not medically necessary.