

<b>Case Number:</b>	CM14-0056330		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/20/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Texas and Ohio. 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 49-year-old male who reported an injury on 03/20/2003. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine herniated disc, herniated disc of the lumbar spine, herniated disc lumbosacral spine, lumbar radiculitis/neuritis, lumbar spine fusion hardware irritation, internal derangement of the right knee. The previous treatments included injections, medication, and surgery. Diagnostic testing included MRI, MR of the right elbow, and x-rays. Within the clinical note dated 07/11/2014, it was reported the injured worker complained of pain over the bilateral sacroiliac joints. The injured worker reported pain was aggravated by direct pressure, and twisting, bending. The injured worker complained of right elbow pain. He complained also of swelling in both legs. On the physical examination, the provider noted the lumbar spine was well healed. The provider indicated the injured worker had tenderness to the bilateral sacroiliac joints. The injured worker had decreased range of motion. The request submitted is for quazepam, Norco, compounded topical, compounded topical, and topical compound of cyclobenzaprine/tramadol. However, rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quazepam 15 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The request for Quazepam 15 mg #60 is not medically necessary. The injured worker complained of pain over the bilateral sacroiliac joints. He reported the pain was aggravated by direct pressure, twisting, and bending. The injured worker complained of right elbow pain and swelling in both legs. California MTUS Guidelines do not recommend Quazepam for long-term use because the long-term efficacy is unproven and there is risk of dependence. The guidelines also recommend the limited use of Quazepam to 4 weeks. The injured worker has been utilizing the medication since at least 01/2013 which exceeds the guideline recommendations of short-term use of 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Norco 10/325 mg #120 X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #120 X2 is not medically necessary. The injured worker complained of pain over the bilateral sacroiliac joints. He reported the pain was aggravated by direct pressure, twisting, and bending. The injured worker complained of right elbow pain and swelling in both legs. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the utilization of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. In addition, the injured worker has been utilizing the medication since at least 01/2013. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

**Compounded Topical (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) 30 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Compounded Topical (Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%) 30 grams is not medically necessary. The injured worker complained of pain over the bilateral sacroiliac joints. He reported the pain was aggravated by direct pressure, twisting, and bending. The injured worker complained of right elbow pain and swelling in both legs. The California MTUS Guidelines recommend topical NSAIDs for the utilization of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Guidelines note Capsaicin is only recommended in patients who have not responded or are intolerant to other treatments. There is no current indication that an increase over 0.025% formulation of Capsaicin would provide any further efficacy. Flurbiprofen is recommended for osteoarthritis in mild to moderate pain. There is lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Copounded Topical (Flurbi-Menth-Camph-Cap) 120 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Compounded Topical (Flurbi-Menth-Camph-Cap) 120 grams is not medically necessary. The injured worker complained of pain over the bilateral sacroiliac joints. He reported the pain was aggravated by direct pressure, twisting, and bending. The injured worker complained of right elbow pain and swelling in both legs. The California MTUS Guidelines recommend topical NSAIDs for the utilization of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Guidelines note Capsaicin is only recommended in patients who have not responded or are intolerant to other treatments. There is no current indication that an increase over 0.025% formulation of Capsaicin would provide any further efficacy. Flurbiprofen is recommended for osteoarthritis in mild to moderate pain. There is lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Topical Compound (Cyclobenzaprine-Tramadol) 60 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 41,111, 113.

**Decision rationale:** The request for Topical Compound (Cyclobenzaprine-Tramadol) 60 grams is not medically necessary. The injured worker complained of pain over the bilateral sacroiliac joints. He reported the pain was aggravated by direct pressure, twisting, and bending. The injured worker complained of right elbow pain and swelling in both legs. The California MTUS Guidelines recommend topical NSAIDs for the utilization of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. Cyclobenzaprine is recommended as an option, using a short course of therapy. The guidelines note there is no evidence for the use of any other muscle relaxants as a topical product. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2013 which exceeds the guideline recommendations of short-term use. The request submitted failed to provide the treatment site of the medication. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.