

Case Number:	CM14-0098568		
Date Assigned:	07/28/2014	Date of Injury:	06/07/2011
Decision Date:	09/12/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 Medicine, has a subspecialty in Emergency 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 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 29-year-old female who reported injury on 06/07/2011. The mechanism of injury was a fall. The surgical history was noted to include a left knee surgery. The diagnostic studies included x-rays, a CT, and an ultrasound Doppler study of the veins of the bilateral lower extremities. Other therapies were noted to include physical therapy, a knee brace, Continuous passive motion (CPM) machine, and psychotherapy. The injured worker's medication history included opiates and topical medications. The documentation of 05/02/2014 revealed the injured worker had persistent low back pain. The injured worker was utilizing Hydrocodone/APAP and reported improvement in pain from a 10/10 to a 4/10 after the medication. The physical examination revealed a limited range of motion of the lumbar spine. There was tenderness to palpation over the paraspinal muscles equally bilaterally. The Kemp's test was positive bilaterally. The sensation and muscle strength were within normal limits, as were deep tendon reflexes in the lower extremities. The examination of the left knee revealed limited range of motion. The muscle strength was 4/5 in the quadriceps. There was tenderness over the medial and lateral joint lines and the patellofemoral grind test was positive. The diagnoses included a left patellar fracture, status post open reduction and internal fixation, and chronic residual posttraumatic chondromalacia patella. The documentation indicated the physician was pending a report of the CT scan of the left knee and a request was made for Flurbiprofen 20%, Cyclobenzaprine 10%, and Menthol as an attempt to wean the injured worker from Norco. The injured worker was provided a prescription refill for Norco. The request was made for a urinalysis on the next visit. There was a detailed DWC form radiofrequency ablation (RFA) submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Container Flurbiprofen 20%, Cyclobenzaprine 10% and Menthol 4% creme 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine, Salicylate Topicals Page(s): 72, 111, 41, 105.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...are 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... Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The guidelines further indicate that Salicylate Topicals are recommended. The clinical documentation submitted for review indicated this was an original prescription. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the Container Flurbiprofen 20%, Cyclobenzaprine 10% and Menthol 4% creme 180 g is not medically necessary.

Norco 7.5 mg/325 mg 90 Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens and the injured worker had an objective decrease in pain. There was; however, a lack of

documentation indicating an objective functional improvement, as well as documentation of any side effects. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was noted to be since 2013. Given the above, the request for Norco 7.5 mg/325 mg 90 tablets is not medically necessary.