

<b>Case Number:</b>	CM15-0016811		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old female who reported an injury on 01/01/2007. The mechanism of injury was unspecified. Her diagnoses include lumbago, lumbar radiculopathy, status post surgical treatment, cervicgia, carpal tunnel syndrome, insomnia, and emotional lability. Her past treatments included swimming, exercises, and medications. On 01/06/2015, the injured worker complained of low back and feet pain. Her low back was rated 8/10 with medications and 10/10 without medications. Her neck pain was rated 6/10 to 7/10 with medications. The injured worker also indicated she gets headaches at night and has been hard for her to drive. Her left sided low back pain has associated symptoms of numbness that radiates down the leg, especially at night. The treatment plan included the request for an MRI and a home health aide. The treatment plan included Flurbiprofen 10% pain cream; Norco 10/325mg #95; Lorazepam 0.5mg #30. A rationale was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10% pain cream:** 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 analgesics Page(s): 111-112.

**Decision rationale:** The request for Flurbiprofen 10% pain cream is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, the guidelines state, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use of 4 to 12 weeks; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The injured worker was indicated to have been on flurbiprofen 10% pain cream for an unspecified duration of time. However, there was lack of documentation in regard to failed trial of antidepressants and anticonvulsants. Furthermore, there was lack of documentation to indicate the injured worker had osteoarthritis or tendinitis. Furthermore, the guidelines do not recommend the use of topical NSAIDs for the treatment in the spine, hip, or shoulder. In addition, the request as submitted failed to specify duration, quantity, frequency, and specific body part for application. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Norco 10/325mg #95:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg #95 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects, and aberrant drug related behavior. In addition, there is lack of a current urine drug screen provided for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Lorazepam 0.5mg #30:** Upheld

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

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

**Decision rationale:** The request for Lorazepam 0.5mg #30 is not medically necessary. The California MTUS Guidelines states benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The guidelines also state this medication should be limited to 4 weeks of use. The injured worker was indicated to have been on lorazepam for an unspecified duration of time. However, the guidelines do not recommend the use of benzodiazepines due to unproven long term efficacy and the risk for dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.