

<b>Case Number:</b>	CM15-0180623		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/13/2001
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 72 year old female, who sustained an industrial injury on 9-13-2001. The injured worker was diagnosed as having lumbar spine degenerative disc-joint disease, multi-level, lumbar sprain-strain, 2-4 mm multi-level cervical spine degenerative disc disease, cervical spine sprain-strain, and severe Hallux valgus (acquired). Treatment to date has included diagnostics and medications. Currently (8-04-2015), the injured worker complains of neck pain (rated 8 out of 10), "worsening" and continued cluster headaches. She reported taking Excedrin Migraine as helpful. She also reported low back pain and lower extremity pain, rated 8 out of 10, "the same". She complained of intermittent right toe pain, rated 2 out of 10, "the same". Other complaints included dizziness, headaches, and decreased muscle mass and strength. She stated that she was taking Soma and Norco, and found it "helpful". Exam noted "ambulates normally". Exam of the cervical spine noted moderate paraspinal tenderness and spasms bilaterally, positive distraction test bilaterally, positive foraminal compression test on the right, painful foraminal compression test on the left, and decreased and painful range of motion. Exam of the lumbar spine noted positive Kemp's test bilaterally, sciatic tension positive bilaterally, mild paraspinal tenderness bilaterally, palpable nodule to the left L4-5 area on the lateral side with tenderness, and decreased and painful range of motion. Exam of the ankles and feet noted non-specific tenderness at the right ankle and foot and mild tenderness to palpation at the greater toe with cramping on the right. The use of Norco 10-325mg was noted since at least 3-17-2015, with TGICe for pain and Flurbiprofen 20% recommended 7-07-2015. Her work status remained full duty without restrictions. Urine toxicology was not noted. The treatment plan included

Norco 10-325mg #120 and TGICe and Flurbiprofen 20%. On 8-31-2015, Utilization Review modified Norco 10-325 to #54 and non-certified TGICe and Flurbiprofen 20%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2001 and is being treated for neck and low back pain and right first toe pain. When seen, she was having low back pain rated at 8/10 after having taken her pain medication. The assessment references decreased pain with rest and activity modification. Physical examination findings included deformity of the right first toe. There was cervical paraspinal tenderness with muscle spasms and decreased range of motion with positive distraction and compression testing. There was lumbar paraspinal tenderness with positive neural tension and facet and Kemp's testing also with decreased range of motion. There was decreased right foot and ankle extension. Norco was continued and topical compounded medications were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

**TGICe and Flurbiprofen 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 2001 and is being treated for neck and low back pain and right first toe pain. When seen, she was having low back pain rated at 8/10 after having taken her pain medication. The assessment references decreased pain with rest and activity modification. Physical examination findings included deformity of the right first toe. There was cervical paraspinal tenderness with muscle spasms and decreased range of motion with positive distraction and compression testing. There was lumbar paraspinal tenderness with positive neural tension and facet and Kemp's testing also

with decreased range of motion. There was decreased right foot and ankle extension. Norco was continued and topical compounded medications were prescribed. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. TGIce is a combined medication including tramadol, gabapentin, menthol, and camphor. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered.