

<b>Case Number:</b>	CM15-0183443		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 38 year old male, who sustained an industrial injury on 11-10-2014. The injured worker was being treated for cervical sprain and strain, hyperflexion-hyperextensic injury, L5-S1 (lumbar 5-sacral 1) discopathy and disc herniation syndrome with radiculopathy on the right, and L5-S1 herniated nucleus pulposus. On 8-28-2015, the injured worker reported ongoing aching low back pain, burning pain left buttock, and pain with numbness of the left heel and left leg. He rates his pain 6-8 out of 10. His pain is worsened by prolonged standing and walking. He is awaiting surgical intervention. The physical exam (8-28-2015) revealed an antalgic gait, compromised on the left toe and heel walk, significant tenderness to palpation of the lumbar paralumbar musculature, positive sciatic stretch signs, a positive left supine and seated straight leg raise at 40-45 degrees, no back pain was produced with contralateral supine and seated straight leg raise at 65-70 degrees, and stable sacroiliac joint joints on stress testing. There was significantly decreased lumbar range of motion from the thoracic spine down, more pronounced paraspinal spasm on range of motion, forward flexion is 15 degrees, extension is 10 degrees, and right and left tilt is 10 degrees with increased pain and discomfort. There was slight decreased left ankle jerk reflex, decreased left plantar strength, and decreased sensation of the left posterolateral left foot and heel. On 6-26/2015, an MRI of the lumbar spine revealed an 11-millimeter midline and left paracentral disc extrusion of L5-sacral 1, which results in abutment and displacement of the descending left S1 nerve root with high-grade narrowing of the left lateral recess, abutment of the descending right S1 nerve root, and moderate central canal stenosis at this level. Treatment has included physical therapy, acupuncture, off work, work modifications, cold packs, Current medications include Norco, Gabapentin,

Flurbiprofen- Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin cream (since at least June 2015), Prilosec, and Naproxen. Per the treating physician (8-28-2015 report), the injured worker remains temporarily totally disabled. On 8-28-2015, the requested treatments included Norco 10/325mg #90 and Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin 20-10- 2-2-0.0375% 180gm. On 9-17-2015, the original utilization review non-certified requests for Norco 10/325mg #90 and Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin 20-10-2-2-0.0375% 180gm.

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

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

**Norco 10/325mg #90:** 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 for chronic pain.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is not medically necessary.

**Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin 20/10/2/2/0.0375% 180gm:** 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): Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is

recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAID's have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines or the ODG does not address menthol, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There is reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines or the ODG does not address camphor, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin 20/10/2/2/0.0375% 180gm is not medically necessary.