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| Case Number: | CM15-0193294 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 06/20/2008 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on June 20, 2008. A primary treating office visit dated July 28, 2015 reported subjective complaint of "currently severe pain, but fairly severe most of the time." The pain interferes with his ability to travel. He states having "severe depression and anxiety." He states "can only walk short distances and uses a cane." He can only sit, stand and walk for less than 15 minutes as a time. The following diagnoses were applied to this visit: cerebral concussion with loss of consciousness and headaches; cranio -cervical trauma with left facial contusion and laceration; cerebral concussion, loss of consciousness and headache; cervical spine sprain; post-traumatic vertigo; posttraumatic stress disorder; major depressive disorder; abdominal pain wit history of rectal bleed; irritable bowel syndrome, and gastroesophageal reflux disease. The following were prescribed this visit: Norco, Prilosec, Lidoderm patches and topical Flurbiprofen cream. A follow up psychiatric evaluation dated June 08, 2015 reported the plan of care with recommendation for: Cymbalta, Xanax, Seroquel, and Restoril. On September 01, 2015 a request was made for Norco and Flurbiprofen that were noted denied by Utilization Review on September 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a few months and pain score reduction with Norco use was not noted. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Norco is not medically necessary.

Flurbi-Menthol-Caps-Camph cream: Upheld

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

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

Decision rationale: Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. The claimant had already been on opioids and other topical analgesics (including topical Lidocaine). Long-term use is not indicated and since the compound in question contains and medication that is not recommended, the Flurbi-Menthol-Caps-Camph cream is not medically necessary.