

<b>Case Number:</b>	CM15-0198234		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 33 year old female, who sustained an industrial injury on October 6, 2012. She reported pain in her neck, left shoulder, back and right knee. The injured worker was diagnosed as having right knee sprain, contusion of the left shoulder and shoulder sprain. Treatment to date has included diagnostic studies, surgery and medications. On August 24, 2015, the injured worker complained of neck, mid back, low back, left arm, left shoulder, left leg and right knee pain. The pain was described as sharp, burning, cramping and aching in character. There was also a numbness and pins and needles sensation. The discomfort was constant and "severe." Her right knee was reported to give out causing her to injure her right ankle. The treatment plan included Norco, Motrin, Flurbi (NAP) Cream-LA, Gabacyclotram cream, recommendation for right ACL reconstruction and reevaluation in six weeks. On September 18, 2015, utilization review denied a request for Norco 10-325mg #30, FlurbiNap compound cream 180 gm, Gabacyclotram compound cream 180 gm and consultation for right ACL reconstruction. A request for Motrin 800mg #45 and one six week follow up appointment was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**FlurbiNap compound cream 180gm:** 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:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation provided necessitating Flurbi (NAP) cream. This topical cream contains: Flurbiprofen, Tramadol, and Cyclobenzaprine. There is no documentation of intolerance to other previous oral medications. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect, over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Medical necessity for the requested topical compounded medication has not been established. The requested topical

cream is not medically necessary.

**Gabacyclotram compound cream 180gm: 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:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested compounded topical agent contains: Gabapentin, Cyclobenzaprine, and Tramadol (GabaCycloTram) cream. Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. In addition, Gabapentin and Tramadol are not FDA approved for a topical application. There is no peer-reviewed literature to support its use. Medical necessity for the requested compounded topical analgesic cream has not been established. The request for the compounded topical analgesic agent is not medically necessary.

**Consultation for right ACL reconstruction: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Office visits.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. ACOEM recommends that occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there is no specific rationale identifying the medical necessity of the requested orthopedic surgical consultation a right ACL reconstruction. This patient has not previously been diagnosed to have an ACL tear of the right knee. There is no documentation of an imaging report of the right knee confirming the presence of an ACL tear for which reconstruction would be supported. Medical necessity for the requested service has not been established. The requested service is not medically necessary.