

<b>Case Number:</b>	CM15-0198557		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic shoulder and pelvic pain with posttraumatic headaches reportedly associated with an industrial injury of May 22, 2008. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve requests for Norco and two separate topical agents. The claims administrator referenced an RFA form received on September 23, 2015 and an associated progress note dated September 15, 2015 in its determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant reported ongoing issues of shoulder pain, brachial plexopathy, pelvic fractures, and an alleged traumatic brain injury. The applicant was on Norco, Neurontin, Motrin, and topical compounds. 6 to 7/10 pain complaints were reported. The applicant's work status was not clearly furnished, although it did not appear the applicant was working.

### 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, Section(s): Opioids, criteria for use.

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

**Decision rationale:** No, the request for request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on the September 15, 2015 office visit at issue, suggesting the applicant was not, in fact, working. Pain complaints as high as 6-7/10 were noted. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as result of ongoing Norco usage. Therefore, the request is not medically necessary.

**1 Container of Cyclobenzaprine and Gabapentin 30 grams: 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:** Similarly, the request for a cyclobenzaprine-gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Page 113 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that muscle relaxants such as cyclobenzaprine, i.e., the primary ingredient in the compound, likewise not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**1 Container of Flurbiprofen Cream 30 grams: 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:** Finally, the request for a flurbiprofen cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to utilize topical NSAIDs such as flurbiprofen for treatment of the spine, hip, and/or shoulder. Here, however, the attending provider stated on the September 15, 2015 office visit that the primary pain generators were, in

fact, the shoulder and hip, i.e., body parts for which there is little evidence to utilize topical NSAIDs such as flurbiprofen. Therefore, the request is not medically necessary.