MAXIMUS Federal Services

| Case Number: | CM15-0208299 | | |
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| Date Assigned: | 11/20/2015 | Date of Injury: | 02/20/2007 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

## 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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old male, who sustained an industrial injury on 2-20-2007. The injured worker is being treated for cervical sprain-strain, cervical paraspinal muscle spasms, cervical disc herniation and chronic pain. Treatment to date has included surgical intervention (cervical fusion, undated) and medications. Per the Primary Treating Physician's Progress Report dated 8-19-2015, the injured worker presented for follow-up visit. He reported worsening cervical pain and limited range of motion as well as severe muscle spasm. He experiences severe numbness and tingling to the bilateral arms and pain radiating to the right shoulder region. Pain is at the level 8 out of 10 most of the time with radiation to the upper extremities. He reports that his pain is worse since the last exam. Objective findings included progressive limited range of motion of the cervical spine as well as weakness in the bilateral upper extremities. He is narcotic dependent and will greatly benefit form P-stim placement. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included compound creams to decrease the use of narcotics and authorization was requested on 8-19-2015 for a cervical epidural steroid injection (CESI), P-stim x 4, Morphine 15mg #180, and compound medications Flurbiprofen 25%-Dextromethorphan 10% and Gabapentin 10%-Ketoprofen 10%- Tramadol 5%-Cyclobenzaprine 2%. On 9-23-2015, Utilization Review non-certified the request for Morphine 15mg #180, and compound medications Flurbiprofen 25%-Dextromethorphan 10%, and Gabapentin 10%-Ketoprofen 10%- Tramadol 5%- Cyclobenzaprine 2%.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream Flurbiprofen 25%, Dextromethorphan 10% in Lipoderm Base 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:** Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical analgesics in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, the request is not medically necessary.

**Morphin Sulfate 15mg #180:** 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 for chronic pain.

**Decision rationale:** Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The [redacted] visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opiods to justify use per the guidelines. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. Therefore, the request is not medically necessary.