

<b>Case Number:</b>	CM15-0208957		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: North Carolina, Georgia  
 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 27 year old male, who sustained an industrial injury on 4-6-11. The injured worker was being treated for cervical radiculopathy, lumbar radiculopathy and left ankle sprain-strain. On 9-18-15, the injured worker complains of stabbing, throbbing neck pain, heaviness and numbness rated 7-8 out of 10 and relieved with medication and rest; sharp, stabbing low back pain with numbness and tingling rated 7-8 out of 10 with medication and relieved with medication and rest; and achy, sharp left ankle pain and weakness rated 7 out of 10 with medication and relieved with medication and rest. Documentation does not note level of pain prior to administration of medications, duration of pain relief or improvement in function. He is currently not working. Physical exam performed on 9-18-15 revealed tenderness to palpation of cervical paravertebral muscles and bilateral trapezii with muscle spasm of bilateral trapezii and cervical paravertebral muscles and slightly restricted cervical range of motion; tenderness to palpation of bilateral sacroiliac joints and lumbar paravertebral muscles, spasm of bilateral gluteus and lumbar paravertebral muscles with restricted range of motion and tenderness to palpation of anterior ankle and dorsal ankle with restricted range of motion. Treatment to date has included oral medications including opioids; topical creams and activity modifications. The treatment plan included request for Vicodin 7.5-300mg #60 (opioids have been utilized since at least 2012), Elavil 10mg #30 and compound creams: HMPC2 Flurbiprofen 20%-Baclofen 10%-Dexamethasone micro 0.2%-Hyaluronic acid 0.2% in cream base, 240gm and HNPC1 Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-Hyaluronic acid 0.2% in cream base, 240gm. On 9-30-15 request for Vicodin 7.5-300mg #60, HNPC1 Amitriptyline HCL10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base, 240gm and HMPC2 Flurbiprofen 20%-Baclofen 10%-Dexamethasone micro 0.2%-Hyaluronic acid 0.2% in cream base, 240gm was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Vicodin 7.5/300mg #60: 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, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Vicodin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Vicodin; the request is not medically necessary.

### **1 prescription for compound HMPC2 Flurbiprofen 20%/Baclofen 10%/Dexamethasone micro 0.2%/Hyaluronic acid 0.2% in cream base, 240gm: 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:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. As such, the request for flurbiprofen/baclofen/dexamethasone/hyaluronic acid is not medically necessary and the original UR decision is upheld.

### **1 prescription for compound HNPC1 Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base, 240gm: 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:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Gabapentin in topical formulation are explicitly not approved in the CA MTUS. Menthol is not recommended as a topical agent. As such, the request for amitriptyline/gabapentin/bupivacaine/hyaluronic acid is not medically necessary and the original UR decision is upheld.