

Case Number:	CM15-0023544		
Date Assigned:	02/13/2015	Date of Injury:	08/19/2013
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old female who reported an injury on 08/19/2013. The mechanism of injury was not provided. The documentation of 12/08/2014 revealed the injured worker had utilized Norco 10/325 mg 1 tablet every 6 to 8 hours, and topical cream as of at least that date. The diagnosis was cervical IVD disorder with myelopathy, and lumbar IVD disorder with myelopathy. The documentation of 01/19/2015 revealed the injured worker had complaints of left lumbar, right lumbar, bilateral sacroiliac, right pelvic, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, right hip, right anterior leg, right anterior knee, right shin, upper thoracic, right cervical dorsal, and right posterior shoulder and cervical pain. The injured worker indicated the pain was 8/10. The discomfort at its worst was 9/10, and at its best 6/10. The injured worker indicated that she had numbness and tingling in the bilateral lumbar, bilateral sacroiliac, right pelvic, right buttock and right posterior leg approximately 50% of the time. The injured worker had decreased range of motion of the cervical spine and lumbar spine. The treatment plan included Vicodin 5/325 mg by mouth twice a day as needed #60 for severe pain, and topical cream to increase function and mobility, and decrease the need for additional oral medications. The injured worker underwent urine drug screens. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics; Cyclobenzaprine; Lidocaine Page(s): 72; 111; 41; 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety "are 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide the injured worker had a trial of antidepressants and anticonvulsants that had failed. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The efficacy for the requested medication was not provided. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication, as well as the body part to be treated. Given the above, the request for FCL (flurbiprofen 20%, cyclobenzaprine 4%, lidocaine 5%) 180gm is not medically necessary."

Norco 10/325 #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of

objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation indicating the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. The request as submitted failed to notate the medication was in mg. However, this was not a determining factor for the denial. Given the above, the request for Norco 10/325 mg #80 is not medically necessary.