

<b>Case Number:</b>	CM15-0024457		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old male who reported an injury on 04/07/2014. The mechanism of injury was due to a fall. His diagnoses included chronic lumbar sprain, left glenohumeral dislocation with fracture, status post open reduction and internal fixation of the left proximal humerus, arthrofibrosis, and adhesive capsulitis of the left shoulder with left hand numbness. Past treatments included medications and surgery. On 01/15/2015, the injured worker complained of cervical spine, lumbar spine, bilateral shoulder, left wrist, left arm, and left hand pain. The injured worker rated his cervical spine and lumbar spine pain at 5/10 to 8/10; bilateral shoulder pain rated 5/10 to 8/10; and was indicated to be taking Norco for pain relief. The injured worker also indicated that pain relief was indicated with rest, medication, ice, and exercise. However, the pain was made worse with repetitive stress such as computer work. The treatment plan included continuing physical therapy for the left shoulder, obtaining an EMG/ NCV, and continuing Norco and a topical cream. The rationale was it was needed for pain. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen / lidocaine cream (20% / 5%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics 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. The compound contains lidocaine, which may be used for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there are no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, the compound contains topical NSAIDs, which are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short-term use of 4-12 weeks. The injured worker was indicated to have been on the topical compound for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants, along with first line therapies to include tricyclic, SNRIs, and antiepileptic drugs. In addition, there was lack of documentation to indicate the injured worker had osteoarthritis and tendinitis. Furthermore, the request as submitted failed to specify a body region for treatment along with frequency and quantity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Norco (Hydrocodone/APAP 10/325mg) #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, an objective decrease in pain, and evidence of monitoring for side effects and aberrant drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate.