

<b>Case Number:</b>	CM15-0028684		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/22/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 49-year-old male. The mechanism of injury is not documented. The diagnosis are left hip avulsion fracture of greater trochanter and continue left hip greater trochanteric bursitis. The progress report dated 07/21/2014 noted the injured workers pain being a 6-7/10. He notes his pain after medication being a 4-5/10. Limited range of motion was documented with tenderness over the iliac crest. The Patrick's test was positive on the left side. The current medications used are noted as Norco and ibuprofen. The injured worker is also using a TENS unit. The plan is for the injured worker to begin physical therapy, receive a toxicology screening, and start flurbiprofen/lidocaine cream. The request for authorization was made on 07/30/2014.

### 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%) 180mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS guidelines note that topical analgesics are largely experimental. A compounded cream containing one or more drugs that is not recommended is not recommended. The guidelines note that a non-steroidal anti-inflammatory agent used in a cream may be useful for musculoskeletal pain but there are no long term studies of the effectiveness and safety. Lidocaine is recommended only after first line therapy is tried. Topical lidocaine is not recommended for non-neuropathic pain. The progress note does not give any documentation on any previous first line therapy failures. The requested cream contains lidocaine which is only recommended as a patch and flurbiprofen which is an NSAID and is not proven safe for the use of musculoskeletal pain, therefore the request for flurbiprofen/lidocaine cream is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

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

**Decision rationale:** The California MTUS states that ongoing opioid use is only recommended if the documentation shows the pain relief with how much did the medication help, and the duration of the pain relief. The injured worker should be monitored for aberrant behavior with the use of urine drug screens. There is no documentation noting the need for opioid level medications. The injured worker should be continuously monitored by urine drug screens. Since there is no documentation of a functional benefit or documentation of drug relief and duration of pain relief along with no urine drug screens, the request for Norco 10/325Mg #90 is not recommended.

**Xanax (Alprazolam 0.5mg ) #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS notes that the long-term use of benzodiazepines is not recommended. There is no proven long-term efficacy and there is a risk for dependence. Use is limited to 4 weeks. The tolerance for muscle relaxant effects occurs within weeks. The injured worker does not have any diagnosis of anxiety documented. In addition, there was no rationale for this medication. The use of Xanax for long term use is not recommended and tolerance of this medication occurs within weeks, therefore, the request for Xanax(Alprazolam 0.5mg)#60 is not medically necessary.

