

<b>Case Number:</b>	CM15-0045739		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 69 year old female who sustained a work related injury April 30, 2003. According to a primary treating physician's progress report dated January 16, 2015, the injured worker presented with persistent cervical pain, rated 8/10, described as stiff and sore. There is pain in the right wrist with numbness and tingling in the ring and little finger of the left hand with radiating pain extending in the left upper extremity. Diagnoses are documented as cervical spine musculoligamentous sprain; carpal tunnel syndrome, bilateral wrists, and right carpal tunnel release surgery. The medications listed are oral Cyclobenzaprine (Fexmid), Anaprox, Hydrocodone, topical cyclobenzaprine and topical Flurbiprofen. Treatment requests included continued use of Hydrocodone Acetaminophen, and topical compounded medications. A Utilization Review determination was rendered recommending non certification for Hydrocodone/Acetaminophen 5/325mg #60, Flurbiprofen 25% 30gm and Cyclobenzaprine 10% 30gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Acetaminophen 5/325mg quantity 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with standard NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the efficacy and functional restoration with utilization of the opioids. The guidelines required UDS was noted to be consistent with prescribed medications. There is no documentation of aberrant drug behavior or adverse medication effect. The criteria for the Hydrocodone/APAP 5/325mg #60 was met. The request IS medically necessary.

**Flurbiprofen 25%, 30gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 6-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical compound analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. It is recommended that Lidoderm be utilized as second line medication before other topical products can be tried. The records did not show subjective or objective findings of localized neuropathic pain such as CRPS. There is no documentation that the patient has failed first line or second line medications. The utilization of multiple NSAID medications in multiple formulations is associated with increased risk of adverse effects. The patient is utilizing oral NSAID concurrently. The criteria for the use of Flurbiprofen 25% 30gm was not met. The request IS NOT medically necessary.

**Cyclobenzaprine 10%, 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti-inflammatory Agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical compound analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. It is recommended that Lidoderm be utilized as second line medication before other topical products can be tried. The records did not show subjective or objective findings of localized neuropathic pain such as CRPS. There is no documentation that the patient has failed first line or second line medications. The utilization of cyclobenzaprine medications in multiple formulations is associated with increased risk of adverse effects. The patient is utilizing oral Fexmid (cyclobenzaprine) concurrently. The criteria for the use of cyclobenzaprine 10% 30gm was not met. The request IS NOT medically necessary.