

<b>Case Number:</b>	CM15-0047025		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 46-year-old who has filed a claim for chronic neck pain and myofascial pain syndrome reportedly associated with cumulative trauma at work first claimed on May 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; earlier cervical spine surgery; a TENS unit; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review report dated February 17, 2015, the claims administrator failed to approve request for several topical compounded medications, Norco, Motrin, and Cambia. The claims administrator referenced an RFA form received on February 9, 2015, in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 3, 2015, the applicant presented with ongoing complaints of neck pain radiating to the right arm. The applicant was off of work and last worked in 2012, it was acknowledged. Residual neck pain and paresthesia were evident. The applicant was using Norco, Motrin, and Tylenol it was acknowledged. Ancillary complaints of headaches were reported. The applicant also stated that sensory function, hand function, lifting, standing, walking, traveling and household chores remained problematic. The applicant was given permanent work restrictions, which resulted in his removal from the workplace. On January 13, 2015, the applicant reported ongoing complaints of neck pain radiating to the upper extremities. The applicant reported 5/10 pain without medications versus 1/10 pain with medications. The applicant was not working, it was acknowledged, and had apparently not worked since the date of the injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound- flurbiprofen, lidocaine:** Upheld

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

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

**Decision rationale:** No, the request for a topical compounded flurbiprofen-lidocaine containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to utilize topical NSAIDs for treatment of the spine. Here, the applicant's primary pain generator was, in fact, the cervical spine, i.e., body part for which there is little evidence to support usage of topical flurbiprofen. Since the flurbiprofen component in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Compound- cyclobenzaprine, lidocaine:** Upheld

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

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

**Decision rationale:** Similarly, the request for cyclobenzaprine-lidocaine containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compounded formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**PracaSil-plus cream:** Upheld

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

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

**Decision rationale:** Similarly, the request for a PracaSil-Plus topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on pages

111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the agent in the question are deemed "largely experimental." Here, the applicant's ongoing usage of numerous first line oral pharmaceuticals effectively obviated the need for the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.

**Norco 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged both by the applicant's primary treating provider (PTP) and a qualified medical evaluator (QME). While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work since 2012 and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid usage. The medical-legal evaluators commentary to the effect that the applicant is having difficulty performing various activities of daily living, including travel, household chores, recreational activities, sleep, sitting, standing, walking, etc., likewise did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

**Motrin 600mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of

pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate NSAIDs, Motrin and Cambia (diclofenac). Therefore, the request was not medically necessary.

**Cambia 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Finally, the request for Cambia (diclofenac), anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Cambia do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the attending provider failed to furnish a clear or convincing rationale for concurrent usage of two separate anti-inflammatory medications, Motrin and Cambia (diclofenac). Therefore, the request was not medically necessary.