

<b>Case Number:</b>	CM15-0047153		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/29/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<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, 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:

This 55 year old man sustained an industrial injury on 11/29/2004 while attempting to lift a 42 inch television. Evaluations include 2014 MRI of the lumbar spine that showed multilevel disc bulge. The current diagnosis is lumbar spine pain. Treatment has included oral and topical medications, physical therapy, chiropractic care, acupuncture, a TENS unit and injections. Physician notes dated 2/9/2015 show complaints of severe low back pain radiating down the lower extremities associated with numbness and tingling sensation. Recommendations include awaiting the report from psychological evaluation that was recommended during a neurosurgery consultation, awaiting the report of MRI of lumbosacral spine, dental consultation for teeth grinding due to anxiety, Norco and compound topical medication cream and a urine drug screening. A Utilization Review determination was rendered recommending non certification for Norco 5/325mg #90 and Topical compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 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 exacerbation of musculoskeletal pain when standard treatment with 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 patient is being treated for exacerbation of the chronic pain. There is a pending referral for neurosurgery evaluation. There is documentation of compliance and functional restoration. There is no documentation of aberrant behavior or medication adverse effects. The criteria for the use of Norco 5/325mg #90 was met. Therefore the request is medically necessary.

**Gabapentin 10% / Amitriptyline 10% / Bupivacaine 5% Flurbiprofen 20% / Baclofen 10% / Dexamethasone 2%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical 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. The guidelines recommend that topical products be utilized in individual preparation for evaluation of efficacy. The records did not indicate that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with oral formulations of gabapentin or amitriptyline. There is lack of guidelines and FDA support for the topical use of Amitriptyline, gabapentin, baclofen, Dexamethasone and Gabapentin for the chronic treatment of musculoskeletal pain. The criteria for the use of topical Gabapentin 10% /Amitriptyline 0% /Bupivacaine 5% /Flurbiprofen 20%/ Baclofen 10% Dexamethasone 2% was not met. Therefore the request is not medically necessary.