

Case Number:	CM15-0048100		
Date Assigned:	03/20/2015	Date of Injury:	05/28/2004
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 67-year-old female, who sustained a work/ industrial injury on 5/28/04. She has reported initial symptoms of neck and back pain with radiation to the extremities. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, cervical discopathy with disc replacement, cervical and lumbar radiculopathy. Treatments to date included oral and topical medication. Currently, the injured worker complains of pain in neck with radiation down both arms and associated with numbness and tingling and aggravated with turning of the head and back that radiates down both legs with numbness and tingling. The treating physician's report (PR-2) from 3/11/15 indicated, per examination, that the cervical spine reveals tenderness to palpation in the cervical paraspinal musculature with decreased range of motion secondary to pain and stiffness. Tinel's sign and Phalen's signs were positive. There was decreased sensation at the median nerve distribution bilaterally. There was tenderness to palpation in the lumbar paraspinal musculature with decreased range of motion. Straight leg raise is positive. Motor strength was 5/5. There was diminished sensation at bilateral C5-6 and L5-S1 dermatomes. Medications included Fexmid, Fioricet, Maxalt, Nalfon, Prilosec, Ultram ER, and Norco and use of Fluribiprofen 25%, menthol 10%, camphor 3%, and capsaicin 0.0375% topical cream 15g and 60gm. Treatment plan included Norco and Pharmacy purchase of a topical compound cream for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 140.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving Norco since at least November 2014 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.

Pharmacy purchase of Flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.0375% topical cream 15g and 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen, menthol, camphor, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug

(or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case, the patient is not suffering from osteoarthritis or fibromyalgia. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Capsaicin, menthol, and camphor are not recommended. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.