

<b>Case Number:</b>	CM15-0059101		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 11/01/2010. Diagnoses include status post bilateral carpal tunnel release surgeries with residual neuritis, cervical disc disease with disc protrusion at C4-5, C5-6 and C6-7 with central and foraminal stenosis, most severe at C5-6 and radiculopathy-non industrial per AME and depression. Treatment to date has included surgical intervention including bilateral carpal tunnel releases (undated), diagnostics including EMG (electromyography)/NCS (nerve conduction studies) (12/17/2012) and medications. Per the Neurosurgical Follow-Up Report dated 1/27/2015, the injured worker reported continuation of pain and numbness in the bilateral hands. The pain is rated as an average of 7/10. Physical examination revealed mild tenderness to palpation and percussion over the well healed carpal tunnel release incisional scars at the wrists. There was no evidence of atrophy. There was mild decreased sensation over the thumb and index finger of both hands. The plan of care included medications and authorization was requested for Vicoprofen, Anaprox, Neurontin, Terocin patches and Flurbi(nap) cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Anti-inflammatory medications Medications for chronic pain Page(s): 76-78, 88-89, 60-61, 22.

**Decision rationale:** The patient presents with pain in both hands, rated 7/10, with numbness. The request is for VICOPROFEN 75/200 MG # 60. Patient is status post bilateral carpal tunnel release, exact dates unspecified. Physical examination to both hands on 01/27/15 revealed tenderness to palpation over the well-healed carpal tunnel release incisions scars at the wrists. There was a mild decreased sensation over the thumb and index finger of both hands. Per 10/23/14 progress report, patient's diagnosis include carpal tunnel syndrome, status post bilateral carpal tunnel release surgeries with residual numbness, cervical disc disease/degeneration with disc protrusion at C4-5, C5-6 and C6-7 with central and foraminal stenosis, most severe at C5-6 and radiculopathy - non industrial per AME, and depression. Patient's medications, per 01/27/15 progress report include Vicoprofen, Anaprox, Neurontin, Terocin Patches, and Flurbi (nab) Cream. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Regarding NSAID's, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater has not discussed this request. Vicoprofen is an opioid medication in combination with ibuprofen. In review of the medical records provided, patient was prescribed Vicoprofen from 08/05/14 and 01/27/15. In this case, the 4A's are not appropriately addressed, as required by MTUS, there are no discussions regarding adverse side effects, aberrant behavior, etc. No UDS, CURES or opioid pain contracts were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Terocin patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine; Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with pain in both hands, rated 7/10, with numbness. The request is for TEROGIN PATCHES # 30. Patient is status post bilateral carpal tunnel release, exact dates unspecified. Physical examination to both hands on 01/27/15 revealed tenderness to palpation over the well-healed carpal tunnel release incisions scars at the wrists. There was a mild decreased sensation over the thumb and index finger of both hands. Per 10/23/14 progress report, patient's diagnosis include carpal tunnel syndrome, status post bilateral carpal tunnel release surgeries with residual numbness, cervical disc disease/degeneration with disc protrusion at C4-5, C5-6 and C6-7 with central and foraminal stenosis, most severe at C5-6 and radiculopathy-non industrial per AME, and depression. Patient's medications, per 01/27/15 progress report include Vicoprofen, Anaprox, Neurontin, Terocin Patches, and Flurbi (nab) Cream. Patient is permanent and stationary. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater has discussed this request. In review of the medical records provided, the patient received prescriptions for Terocin Patches from 08/05/14 and 01/27/15. The patient is status post bilateral carpal tunnel release surgeries and has bilateral hand pain, for which this medication would be indicated. However, treater does not discuss how it is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not in accordance with guideline indications. Therefore, it IS NOT medically necessary.

**Flurbiprofen cream LA 180mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The patient presents with pain in both hands, rated 7/10, with numbness. The request is for FLURBIPROFEN CREAM LA 180 MG. Patient is status post bilateral carpal tunnel release, exact dates unspecified. Physical examination to both hands on 01/27/15 revealed tenderness to palpation over the well-healed carpal tunnel release incisions scars at the wrists. There was a mild decreased sensation over the thumb and index finger of both hands. Per 10/23/14 progress report, patient's diagnosis include carpal tunnel syndrome, status post bilateral carpal tunnel release surgeries with residual numbness, cervical disc disease/degeneration with disc protrusion at C4-5, C5-6 and C6-7 with central and foraminal stenosis, most severe at C5-6 and radiculopathy - non industrial per AME, and depression. Patient's medications, per 01/27/15 progress report include Vicoprofen, Anaprox, Neurontin, Terocin Patches, and Flurbi (nab) Cream. Patient is permanent and stationary. The MTUS guidelines, page 111, do not support the

use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. The treater has discussed this request. In review of the medical records provided, the patient was prescribed Flurbi (nap) cream on 08/05/14 and 09/04/14. The patient is status post bilateral carpal tunnel release surgeries and does present with bilateral hand and wrist pain, for which this topical medication would be indicated. However, the treater does not mention how this topical has been effective with prior use. Documentation of efficacy is required for on-going use of medication. Furthermore, MTUS supports only short-term use of topical NSAIDs. Therefore, the request IS NOT medically necessary.