

<b>Case Number:</b>	CM15-0063302		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: 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 injured worker is a 39 year old male with an industrial injury dated November 12, 2009. The injured worker diagnoses include left knee grade IV chondromalacia patella, left knee status post partial medial meniscectomy and left knee patellar tendinopathy status post repair. He has been treated with diagnostic studies, prescribed medications, physical therapy, knee injections (Steroids and Euflexxa) and periodic follow up visits. According to the progress note dated 03/18/2015, the injured worker reported left anterior knee pain. Objective findings revealed hypesthesia lateral to left knee incision, left knee range of motion with patellofemoral crepitation, and diffuse tenderness to patellar compression. The treating physician prescribed one prescription for Flurbiprofen 10%/Cyclobenzaprine 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2% in Lidoderm ActiveMax topical ointment to left knee and lower leg and Norco as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for flurbiprofen 10%/cyclobenzaprine 1%/gabapentin 6%/lidocaine 2%/prilocaine 2% in lidoderm activemax with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin, Lidocaine, Medications for chronic pain, Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesic Page(s): 16-9, 49, 56-7, 60-1, 63-6, 67-72, 111-13.

**Decision rationale:** Flurbiprofen / Cyclobenzaprine /Gabapentin/ Lidocaine / Prilocaine Cream in Lidoderm base is a combination product formulated for topical use. It is made up of flurbiprofen (a non-steroidal anti-inflammatory (NSAID) medication), cyclobenzaprine (a muscle relaxant), gabapentin (an anticonvulsant), and two topical anesthetics, lidocaine and prilocaine. The use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain although it is considered largely experimental, as there is little to no research to support their use. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. The MTUS does not address the topical use of cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. It is important to note the MTUS states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since lidocaine and gabapentin are not recommended for topical use, this product is not recommended. Medical necessity has not been established for use of this medication. Therefore, the requested medical treatment is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9,Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. First-line

medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have not been tried. Additionally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality and allow safe use of these medications. The medical notes do not provide any reference to an opioid-use contract between the provider and the patient and there have been no urine drug screens to assess for patient abuse of medications. Considering all the above, medical necessity for continued use of Norco has not been established. Therefore, the requested medical treatment is not medically necessary.