

<b>Case Number:</b>	CM15-0083935		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Internal 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 66-year-old female, who sustained an industrial injury on 1/15/14. The injured worker has complaints of left wrist pain. The injured worker has a history of left wrist surgery in 2008. The diagnoses have included joint pain forearm. Treatment to date has included successful trial of antiepileptic drug that failed due to side effects; home exercise program; tramadol extended release; physical therapy; activity modification; transcutaneous electrical nerve stimulation unit; cold; heat; stretching and cyclobenzaprine. The request was for ketoprofen/gabapentin/bupicavain/fluticaso/baclofen #300 with 3 refills and hydrocodone/acetaminophen 10/325mg, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Gabapentin/Bupicavain/Fluticaso/Baclofen #300 with 3 refills: 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 Topical Analgesics Page 111-113.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The orthopedic primary treating physician report dated 3/10/15 documented subject complaints. The patient is status post left wrist surgery in 2008. MTUS guidelines do not support the use of topical products containing Gabapentin. MTUS guidelines do not support the use of compounded topical analgesics containing Baclofen. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compounded topical product containing Gabapentin and Baclofen is not supported by MTUS. Therefore, the request for topical Ketoprofen, Gabapentin, Bupivacaine, Fluticasone, and Baclofen is not medically necessary.

**Hydrocodone/APAP 10/325mg, QTY: 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The orthopedic primary treating physician report dated 3/10/15 documented subject complaints. The patient is status post left wrist surgery in 2008. Left wrist pain is 7/10 scale. Medication at current dosing facilitates maintenance of ADLs (activities of daily living). Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone /Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.