

<b>Case Number:</b>	CM15-0085120		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/11/2003
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Family Practice

### 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 56-year-old female who sustained an industrial injury on 7/11/03 injuring her neck and left shoulder. She currently complains of stabbing pain in the neck, left shoulder and left hand. She has intermittent numbness and tingling to the upper extremities. Neck pain intensity is 8/10. On physical exam, the cervical spine reveals some tenderness in the paraspinous musculature of the cervical and anterior neck region, decreased range of motion; bilateral shoulder exam reveals tenderness in the acromioclavicular joint, decreased range of motion with crepitus on movement. Medications are Norco, Paxil, Wellbutrin, Ambien, and Ativan. Medications are helping. Diagnoses include status post anterior cervical discectomy and fusion, C5-6 and C6-7; hypermobility with junctional pathology and disc annular tear, C4-5; bilateral carpal tunnel syndrome; depressive disorder. In the progress note, dated 3/11/15 the treating provider's plan of care includes request for refill of Norco 10/325 # 75. The Norco is effective in reducing pain and allowing the injured worker to perform some activities of daily living; gabapentin/ amitriptyline/ bupivacaine/ hyaluronic acid 10/10/5/0.2% in cream base 240 GM to apply 2-3 times per day for hot/ cold muscle pain and nerve pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** The long-term use of opioids is not supported by the MTUS guidelines due to the development of habituation and tolerance. As noted in ODG, "Treating non-cancer pain with opioids may not be worth the risk, according to a BMJ article. Physicians have become much more willing to prescribe opioids for chronic non-cancer pain, and deaths involving opioid analgesics increased from 4,041 in 1999 to 14,459 in 2007." In addition, the medical records do not establish subjective and objective functional gains to support the ongoing use of opioids. It is noted that despite the long-term use of Norco, the injured worker continues to complain of significantly high pain levels. The request for continued opioid use is not supported. The request for Norco 10/325mg, #75 is not medically necessary and appropriate.

**Gabapentin 101%, Amitriptyline 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% cream, 2040 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines specifically state that gabapentin is not supported in a topical application. The request for Gabapentin 101%, Amitriptyline 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% cream, 2040 grams is not medically necessary and appropriate.