

<b>Case Number:</b>	CM14-0094865		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/10/1979
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on 8/10/1979. Diagnoses include lumbar radiculopathy, chronic pain syndrome, bilateral knee pain left greater than right, bilateral knee internal derangement left greater than right, myofascial pain syndrome, neuropathic pain, and chronic pain related depression and prescription narcotic dependence. Treatment to date has included medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 5/30/2014, the injured worker reported pain in the bilateral knees. He rates his pain currently as 8/10 with an average of 7/10 since the last visit. Without medications, he rates his pain as 8/10, and it decreases to 4/10 with medications. Objective findings are recorded as blood pressure 120/76, pulse 88, respirations 12, height 5'7", weight 207 lbs., temperature 97 degrees Fahrenheit, BMI 32.4 and fat 34.4%. Urine drug screen (4/16/2014) was positive for hydrocodone, nicotine, cotinine and hydromorphone. The plan of care included oral and topical medications and diagnostics and authorization was requested for Vicodin 5/500mg, Fluriflex ointment, Celebrex 200mg #30 and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500mg with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1979 and continues to be treated for bilateral knee pain. Medications are referenced as decreasing pain from 8/10 to 4/10. When seen, there was decreased knee range of motion with tenderness and he was having difficulty weight bearing. His BMI was over 31. Opioid medications were being prescribed at a total MED (morphine equivalent dose) of less than 120 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Fluriflex Ointment 240gm with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1979 and continues to be treated for bilateral knee pain. Medications are referenced as decreasing pain from 8/10 to 4/10. When seen, there was decreased knee range of motion with tenderness and he was having difficulty weight bearing. His BMI was over 31. Oxycodone and Norco were being prescribed at a total MED (morphine equivalent dose) of less than 120 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. FlurFlex is a combined medication including Flurbiprofen and cyclobenzaprine. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The request was not medically necessary.