

<b>Case Number:</b>	CM15-0012820		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/27/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: North Carolina, Georgia  
 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 59 year old female who sustained a work related injury to her lower back and right knee on July 27, 2006. There was no mechanism of injury documented. The injured worker was diagnosed with herniated nucleus pulposus L4-5 and L5-S1 with lumbar radiculopathy. There was no documentation of surgical interventions or past treatment modalities. According to the primary treating physician's progress report on December 16, 2014, the injured worker is able to continue her work, uses heat prior to stretching and home exercises and has developed good body mechanics. The injured worker's range of motion is documented at flexion 30 degrees, extension 10 degrees with tightness in the lumbar spine. There is a depressed right ankle reflex. Current medications consist of Norco, Colace, Valium and topical analgesics. The treating physician requested authorization for Norco 10/325mg Qty: 120; Colace 100mg Qty: 60; Flurbiprofen/lidocaine topical cream 30gm #1; Flurbiprofen/lidocaine topical cream 60gm #1. On January 14, 2015 the Utilization Review denied certification for Norco 10/325mg Qty: 120; Colace 100mg Qty: 60; Flurbiprofen/lidocaine topical cream 30gm #1; Flurbiprofen/lidocaine topical cream 60gm #1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy, therefore, is not medically necessary.

**Colace 100mg Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77, 80.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

**Decision rationale:** CA MTUS guidelines do not address the use of stool softeners. ODG describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is no documentation of any opioid related constipation and no discussion of any trial of first line therapy. Use of Colace is not medically necessary.

**Flurbiprofen/lidocaine topical cream 30gm #1:** 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 Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of agents which are not FDA approved for topical use. Flurbiprofen is not FDA approved for topical application and therefore flurbiprofen/lidocaine cream is not medically necessary.

**Flurbiprofen/lidocaine topical cream 60gm #1: 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 Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of agents which are not FDA approved for topical use. Flurbiprofen is not FDA approved for topical application and therefore flurbiprofen/lidocaine cream is not medically necessary.