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| <b>Case Number:</b>   | CM15-0013013 |                              |            |
| <b>Date Assigned:</b> | 01/30/2015   | <b>Date of Injury:</b>       | 08/11/2010 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/06/2015 |
| <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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male who reported an injury on 08/11/2010. The mechanism of injury was not provided. His diagnoses include cervical stenosis, chronic left bicipital tendon pain, left shoulder high grad subscapularis tear, partial left rotator cuff tear, anxiety, depression, insomnia. Medications included Tylenol No. 3 and Prozac 20 mg. Surgical history included C6 corpectomy/fusion at instrumentation on 12/20/2011 and removal of trestle anterior cervical plate on 07/30/2012. Diagnostic studies included a urine toxicology screen on 08/29/2014. Other therapies were not provided. On 10/28/2014, the injured worker was seen for neck, low back, left shoulder and bilateral hand pain. The injured worker's neck pain was a 9/10, low back pain was 8/10 it radiated to the left leg and left shoulder pain 9/10 and bilateral hand pain was a 6/10. Pain is better with rest and medication. The injured worker takes Tylenol No. 3.that helped his pain from a 9/10 to a 4/10 which allows him to do more activities of daily living. Upon exam of the cervical spine, there was decreased range of motion. There was tenderness over the paraspinal muscles left greater than right with hypertonicity on the left trapezius muscle. There was decreased strength and sensation on the left at C5, C6, C7 and C8. There was a positive shoulder depression and Spurling's test bilaterally. Exam of the lumbar spine revealed decreased range of motion with tenderness over the paraspinal muscles equally. There was decreased sensation and strength at L4. Exam of the bilateral wrist and hands revealed slightly decreased range of motion symmetrically. There was a positive Phalen's and Tinel's on the left. There was decreased sensation along the medial and ulnar nerve distributions 4/5 on the right. The treatment plan is to obtain supplemental PQME report, obtain cervical spine MRI, request

authorization for urine toxicology screen for next visit and dispense medications. The Request for Authorization and rationale were not provided within the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg, Total #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

**Decision rationale:** The request for Norco 10/325 total #60 is not supported. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. There is lack of documentation the injured worker is on Norco. The clinical note states the injured worker receives Tylenol No. 3. There is lack of documentation of the frequency of medication that is to be given. Medical necessity has not been established based on the provided documentation. As such, the request is not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/ 4% Cream 180g: 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 FlurbiprofenTopical analgesicsCyclobenzaprine Page(s): 72; 111; 41.

**Decision rationale:** The request for flurbiprofen/ cyclobenzaprine/menthol 20%/10%/4% cream 180 g is not supported. The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical

use of topical muscle relaxants, as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The request has compound agents that are not recommended. As such, the request is not medically necessary. There is lack of documentation as to how often the frequency and body part which the cream is to be used. As such, the request is not medically necessary.