

<b>Case Number:</b>	CM15-0124951		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 53 year old male, who sustained an industrial injury on 06/14/2014. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having status post right shoulder arthroscopy with labral repair on 03/19/2015, cervical spine stenosis with radiculopathy per electromyography/nerve conduction velocity studies, and musculoligamentous sprain/strain to the lumbar spine with multilevel protrusions at L3 through the sacrum. Treatment and diagnostics to date has included right shoulder surgery, prior physical therapy, and medications. In a progress note dated 05/01/2015, the injured worker presented with complaints of constant moderate to mildly severe neck pain, rated 5-6 out of 10 on the pain scale, moderate low back pain rated 4-5 out of 10, and intermittent moderate to severe postoperative right shoulder pain rated 7-8 out of 10. Objective findings include decreased range of motion to right shoulder with slight paresthesia noted over the lateral aspect of the right shoulder. The treating physician reported requesting authorization for Flurbiprofen cream, Ketoprofen/Ketamine cream, Gabapentin/Cyclobenzaprine/Capsaicin cream, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% 120gm:** 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(s): 111-113.

**Decision rationale:** Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. As per California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Topical non-steroidal anti-inflammatory drugs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis." This medication is not currently FDA approved for topical application and not outlined in the MTUS Guidelines. Therefore, based on the Guidelines and the submitted records, Flurbiprofen is not medically necessary.

**Ketoprofen 20%/Ketamine 10% cream 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** As per California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." California MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS Guidelines state that Ketamine is "under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical Ketamine has only been studied for use in non-controlled studies for CRPS (chronic regional pain syndrome) I and post-herpetic neuralgia." In addition, Ketoprofen is classified as a non-steroidal anti-inflammatory drug (NSAID) and not FDA approved for a topical application. Since these are not recommended for topical analgesia, the request for Ketamine/Ketoprofen cream is not medically necessary.

**Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% 120gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** As per California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." California MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested cream contains Gabapentin, Cyclobenzaprine, and Capsaicin. Per MTUS, Gabapentin is not recommended. Additionally, cyclobenzaprine is not FDA approved for topical application. Therefore, the request for the above compound cream is not medically necessary.

**Norco 10/325mg 1 by mouth four times a day as needed for pain quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.