

<b>Case Number:</b>	CM15-0174977		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, North Carolina  
 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:

This injured worker is a 46-year-old male who reported an industrial injury on 7-31-2014. His diagnoses, and or impression, were noted to include: cervical spine musculoligamentous strain-sprain, rule-out cervical spine discogenic disease; thoracic spine musculoligamentous strain-sprain with stenosis; lumbar spine musculoligamentous strain-sprain with radiculitis, lumbar spine disc protrusion; bilateral shoulder strain-sprain, tendinitis and osteoarthritis; bilateral hip strain-sprain; and bilateral knee strain-sprain with bilateral knee internal derangement, rule-out bilateral knee meniscal tears. No current imaging studies were noted. His treatments were noted to include: 9 sessions of chiropractic therapy for cervical-thoracic-lumbar spine and bilateral shoulders and knees; injection therapy; medication management with toxicology screenings; and rest from work. The progress notes of 7-15-2015 reported: increased pain in his neck; improved pain in his mid-upper-lower back; improved pain in his bilateral shoulders; and increased pain in his bilateral hips and bilateral knees since his previous visit; and that his treatments were helping to decrease pain and increase function and activities of daily living. Objective findings were noted to include: tenderness over the cervical para-spinal muscles with restricted range-of-motion and positive compression test, unchanged; tenderness over the thoracic para-spinal muscles, unchanged; tenderness over the lumbar para-spinal muscles with restricted range-of-motion, unchanged; tenderness with restricted range-of-motion and positive impingement and supra-spinatus tests of the bilateral shoulders, unchanged; tenderness over the bilateral hips, unchanged; tenderness with positive McMurray's test to the bilateral knees, unchanged; and an unchanged neuro-circulatory examination. The physician's requests for treatments were noted to

include Norco 5-325 mg every 12 hours as needed #60, as well as Flurbi (Nap) cream - LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) 180 grams, and Gabacyclotram (Gabapentin 10%-Cyclobenzaprine 6%- Tramadol 10%) 180 grams to apply a thin layer to affected areas 2-3 times a day, in order to minimize possible neurovascular complications and to avoid complications associated with the use of narcotic medications. The Request for Authorization, dated 7-15-2015, was noted to include: Norco 5-325 mg every 12 hours as needed, #60; Flurbi (Nap) cream - LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) 180 grams, and Gabacyclotram (Gabapentin 10%-Cyclobenzaprine 6%- Tramadol 10%) 180 grams to apply a thin layer to affected areas 2-3 times a day. The Utilization Review of 8-17-2015 modified the request for Norco 5-325 mg #60, to #30; and non-certified the requests for Flurbiprofen-Lidocaine-Amitriptyline topical compound cream 180, and a Gabapentin-Cyclobenzaprine-Tramadol topical compound cream #180.

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

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

**Norco 5-325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** CA MTUS states that Norco is not a first-line agent for treatment of neuropathic pain and prolonged use of opioids is not recommended. For patients who are maintained on long-term opioids, monitoring of the "4 A's" is recommended. In this case, there is no documentation of the 4 As, no urine drug screens and no pain contract. There is also no documentation of failed trials of first-line non-opioid analgesics. There is no evidence of functional improvement warranting ongoing use of Norco. Therefore, the request is not medically necessary or appropriate.

**CMPD: Flurbiprofen, Lidocaine, Amitriptyline; Topical Compound Analgesic #180g:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is for Flurbiprofen, Lidocaine and Amitriptyline compound cream. Lidocaine is

specifically not recommended for topical use in any form other than the Lidocaine patch. Amitriptyline is not recommended for topical use. Therefore, the request for this compounded cream is not medically necessary or appropriate.

**Cmpd: Gabapentin, Cyclobenzaprine, Tramadol; Topical Compound Analgesic #180:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is for a compounded product that contains Gabapentin, Flexeril and Tramadol. None of these agents is approved for topical use. Therefore, the request is not medically necessary or appropriate.