

<b>Case Number:</b>	CM15-0074649		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

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 62 year old female who sustained an industrial injury on 04/04/13. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies are not addressed. Current complaints include lower back pain. Current diagnoses include lumbar spine musculoligamentous strain/sprain with radiculopathy and disc protrusion, sleep disturbance secondary to pain, and depression/anxiety. In a progress note dated 03/04/15 the treating provider reports the plan of care as hypnotherapy and relaxation therapy, Norco, and Fluribiprofen/Lidocaine/Amitriptyline and Gabapentin/Cyclobenzaprine/Tramadol creams. The requested treatments are Norco, and Fluribiprofen/Lidocaine/Amitriptyline and Gabapentin/Cyclobenzaprine/Tramadol creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic low back pain. This clinical problem dates back to a work related injury on 04/04/2013. This patient has "failed back" having undergone lumbar spine surgery. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically indicated.

**Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 5%, 180 grams:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic low back pain. This clinical problem dates back to a work related injury on 04/04/2013. This patient has "failed back" having undergone lumbar spine surgery. This patient has become opioid dependent. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Flurbiprofen is an NSAID. NSAIDs are not medically indicated to treat chronic pain when used in their topical form. Lidocaine 5% is a local anesthetic. Lidocaine has a limited medical indication as a second line agent when used to treat post-herpetic neuralgia, but only if it is used in a preparation called-Lidoderm patch. Amitriptyline is a tricyclic antidepressant. Antidepressant medications are not medically indicated when used in their topical form. This compounded topical analgesic product is not medically indicated.

**Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%, 180 grams:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic low back pain. This clinical problem dates back to a work related injury on 04/04/2013. This patient has "failed back" having undergone lumbar spine surgery. This patient has become opioid dependent. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not

recommended, then that compounded product cannot be recommended. Gabapentin is an anti-epileptic (AED) medication. AEDs are not medically indicated to treat pain when used in their topical form. Cyclobenzaprine is a muscle relaxer. Muscle relaxers are not medically indicated to treat pain when used in their topical form. Tramadol is a mild opioid. Opioid analgesic medications are not medically indicated to treat pain when used in their topical form. This compounded topical analgesic product is not medically indicated.