

<b>Case Number:</b>	CM15-0077650		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 a work related injury February 16, 2012, with unrelenting back and left leg pain, noted to be cumulative trauma. Past history included s/p L5-S1 lumbar discectomy; left sided sciatic due to epidural fibrosis and depressive disorder. According to a primary treating physician's progress report, dated March 11, 2015, the injured worker presented with complaints of constant low back pain and pain in his hips. A TENS unit, back brace, and Norco minimize his pain, and improve his daily function. He ambulates slowly, and his posture is stooped without an assistive device. He has difficulty rising from a seated position, needing support with hands on his lap. Diagnoses are chronic low back pain, failed back surgery; left sciatica; depression; overweight. Treatment plan included continue with TENS unit, watch weight, continue with home exercise program and request for authorization for Cyclobenzaprine 10%/Lidocaine 2% 4 grams, Flurbiprofen 20%/Lidocaine 5% 4 grams, and Norco 10/325mg #70.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Lidocaine 5% 4 grams:** Upheld

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

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

**Decision rationale:** This 53 year old male has complained of low back pain since date of injury 2/16/12. He has been treated with surgery, TENS, physical therapy and medications. The current request is for Flurbiprofen 20%/Lidocaine 5% 4 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20%/Lidocaine 5% 4 grams is not indicated as medically necessary.

**Cyclobenzaprine 10%/Lidocaine 2% 4 grams:** Upheld

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

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

**Decision rationale:** This 53 year old male has complained of low back pain since date of injury 2/16/12. He has been treated with surgery, TENS, physical therapy and medications. The current request is for Cyclobenzaprine 10%/Lidocaine 2% 4 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine 10%/Lidocaine 2% 4 grams is not indicated as medically necessary.

**Norco 10/325 mg, seventy count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 53 year old male has complained of low back pain since date of injury 2/16/12. He has been treated with surgery, TENS, physical therapy and medications to include opioids since at least 10/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends

prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.