

Case Number:	CM15-0090515		
Date Assigned:	05/14/2015	Date of Injury:	02/18/2009
Decision Date:	06/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, 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:

This is a 78 year old male patient, who sustained an industrial injury on 2/18/09. The diagnoses have included left shoulder impingement syndrome; cervical spine sprain/strain, herniated cervical disc; left wrist internal derangement, triangular fibrocartilage complex tear and status post right shoulder rotator cuff injury. Per the doctor's note dated 3/4/15, he had complaints of neck pain with radicular symptoms into the right and left arm. Physical examination revealed cervical spine range of motion- forward flexion 50 degrees, extension 50 degrees, rotation right 65 degrees, left 65 degrees, lateral bending right 30 degrees and left 30 degrees and positive foraminal compression test. Treatment to date has included norco; prilosec and topical pain cream. The request was for norco 10/325mg #120 1 tablet ever 4-6 hours date of service 3/4/15; lido keto cream with flexeril #120 grams, date of service 3/4/15 and flurbiprofen 10%/capsaicin 0.025%/menthol 2%/camphor 1%/ 120 grams, date of service 3/4/15. He has had last urine drug screen on 3/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 1 tablet ever 4-6 hours DOS 3/4/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Request: Norco 10/325mg #120 1 tablet ever 4-6 hours DOS 3/4/15. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 1 tablet ever 4-6 hours DOS 3/4/15 is not established for this patient.

Lido Keto Cream W/ Flexeril #120 gms, DOS 3/4/15: Upheld

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

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

Decision rationale: Request: Lido Keto Cream W/ Flexeril #120 gms, DOS 3/4/15. Ketoprofen is a NSAID and cyclobenzaprine is a muscle relaxant. The Cited Guidelines regarding topical analgesics state, largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathicpain: Not

recommended as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Trial and failure of antidepressant and anticonvulsant for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical ketoprofen and cyclobenzaprine are not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Lido Keto Cream W/ Flexeril #120 gms, DOS 3/4/15 is not fully established for this patient.

Flurbiprofen 10%/Capsaicin 0.025%/Menthol 2%/Camphor 1%/ 120 gms, DOS 3/4/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Request: Flurbiprofen 10%/Capsaicin 0.025%/Menthol 2%/Camphor 1%/ 120 gms, DOS 3/4/15. Flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Flurbiprofen 10%/Capsaicin 0.025%/Menthol 2%/Camphor 1%/ 120 gms, DOS 3/4/15 is not fully established for this patient.