

<b>Case Number:</b>	CM15-0094181		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/22/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old male, who sustained an industrial injury on 8/22/2009. He reported injuries to his neck, back, and right leg, after a truck that he was driving slammed into a wall, due to brake failure. The injured worker was diagnosed as having cervical disc disease, cervical radiculitis, neck pain, and carpal tunnel syndrome. Treatment to date has included diagnostics, physical therapy, 2 level anterior cervical discectomy fusion on 7/26/2010, and medications. Currently, the injured worker complains of cervical pain, and right upper extremity with radicular pain and numbness. He also reported numbness to his right fourth and fifth fingers and wrist, with decreased grip and sensation. Medication use included Diclofenac ER, Flexaril, Norco, and Gabapentin. Physical exam noted decreased cervical range of motion and a well healed scar, consistent with his prior surgery. Motor strength was 5/5 in the upper extremities and sensation was decreased over the C6 dermatome. Phalen's test was positive. His condition was documented as unimproved. Magnetic resonance imaging of the cervical spine (3/31/2010) was documented as showing herniated disc at C5-6 and C6-7. Cervical spine x-ray (3/31/2010) was documented as showing degenerative disc disease. Electromyogram and nerve conduction studies (6/11/2012) were documented as showing bilateral carpal tunnel syndrome. The treatment plan included refill of Norco, Voltaren, Neurontin, and Zanaflex. Prescriptions were noted for Norco and Flurbi (NAP) cream. Urine drug screen, 4/02/2015, was inconsistent with prescribed medications. The duration of Norco use could not be determined. Work status was permanent and stationary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen (NAP) cream 180gms:** 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 (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in August 2009 and continues to be treated for radiating neck pain. When seen, his condition was unimproved. There was decreased cervical spine range of motion with decreased up sensation and positive Phalen's test. Fluri (Nap) Cream is a compounded medication containing Flurbiprofen, Lidocaine, and amitriptyline. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication was not medically necessary.

**Norco 10/325mg quantity 120 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in August 2009 and continues to be treated for radiating neck pain. When seen, his condition was unimproved. There was decreased cervical spine range of motion with decreased up sensation and positive Phalen's test. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

