

<b>Case Number:</b>	CM13-0052056		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 10-30-2008. The injured worker was diagnosed as having closed fracture of metacarpal bone(s), site unspecified, contusion of hand, and depressive disorder. Treatment to date has included diagnostics, lumbar epidural injections, mental health treatment, and medications. Several documents within the medical records were handwritten and difficult to decipher. On 10-09-2013, the injured worker was awaiting magnetic resonance imaging of the right knee and complained of lumbar pain, rated 7 out of 10, increased at the end of the day. Work status was modified. Current medication regimen was not noted. The treatment plan included toxicology screening, Norco, and topical compound medications. A follow-up psychiatric report (10-10-2013) noted reports of occasional alcohol use and the use of "medical marijuana" for pain. His psychiatric medications included Wellbutrin SR, Ativan, and Ambien. Magnetic resonance imaging of the right knee (10-16-2013) noted a suspected tear of the posterior horn of the medial meniscus, mild effusion, and possible bone bruising contusion about the lateral tibial plateau. The use of Norco was noted since at least 1-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 15%, Dextro 10%, Capsaicin 0.025%: 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:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compound requested contains Tramadol, Dextromethorphan and Capsaicin. Capsaicin is recommended for topical use, however Tramadol and Dextromethorphan are not recommended. Therefore the request is deemed not medically necessary or appropriate.

**Flurbiprofen 25%/ Lidocaine 5%:** 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:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compound that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the topical compound contains Flurbiprofen and Lidocaine. Lidocaine is only recommended in the formulation of a Lidocaine patch. Therefore this request for a compounded cream containing Lidocaine is not medically necessary.

**Norco 10/325mg, #60:** Upheld

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

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

**Decision rationale:** CA MTUS supports the use of long-term opioids if prescriptions are from a single practitioner, are prescribed at the lowest possible dose and if there is ongoing review and documentation of pain relief, functional improvement, appropriate use and side effects. In this case, the date of injury was 2008 and the patient has been on chronic opioid therapy since at least 1/2015 and previous usage of opioids is not provided. There is no evidence of non-pharmacologic means of pain control. In this case, there is a failure to provide information necessary for ongoing opioid use as outlined above. Therefore the request is not medically necessary or appropriate.

