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| <b>Case Number:</b>   | CM13-0028823 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 10/03/2008 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 09/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2013 |

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 29-year-old female who reported an injury on 10/03/2008 after she lifted a heavy box weighing approximately 80 pounds, which reportedly caused injury to her low back. The patient's treatment history included physical therapy, a lumbar brace, oral medications, topical analgesics, and a home exercise program. The patient was evaluated on 11/25/2013. It was documented that the patient had 8/10 pain that was described as constant. It was noted that the patient was 4 months pregnant. Objective physical findings included limited range of motion secondary to pain and tenderness to palpation over the paraspinal musculature with paraspinal spasming noted. The patient's treatment plan included disrupting treatment that would put the patient's pregnancy at risk.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 10/3/5 PERCENT, 120MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 112-113. Page(s): 112-113.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines does not support the use of Ketoprofen as a topical analgesic as it is not FDA approved in this formulation. Additionally, the California MTUS does not support the use of lidocaine in a cream formulation, as it is not FDA approved to treat neuropathic pain. Additionally, the California MTUS does not support the use of Cyclobenzaprine in a topical formulation due to a lack of scientific evidence to support the efficacy and safety of this type of medication. The California MTUS states that any compounded medication that contains at least 1 drug or drug class that is not recommended would not be supported. The request for Ketoprofen/Cyclobenzaprine/Lidocaine 10/3/5 %, 120 mg is not medically necessary and appropriate.

**FLURBIPROFEN 10%/CAPSAICIN 0.025%/MENTHOL 2%/ CAMPHOR 1%, 120MG:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113..

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

**Decision rationale:** The California MTUS recommends the use of topical nonsteroidal anti-inflammatory drugs for short durations of treatment for major joints that usually benefit from this type of application. MTUS guidelines do not support the use of nonsteroidal anti-inflammatory topical drugs for chronic pain related to spine injuries. Additionally the MTUS does support the use of Capsaicin when all other first line treatments for chronic pain have been exhausted. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to antidepressants or anticonvulsants. The need for Capsaicin as a topical analgesic is not supported. The California MTUS states that any medication that contains at least 1 drug or drug class that is not recommended is not supported. The request for Flurbiprofen 10%/Capsaicin 0.025%/Menthol 2%/ Camphor 1%, 120 mg is not medically necessary and appropriate.

**AMBIEN 2 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments.

**Decision rationale:** The California MTUS guidelines do not address this medication. The Official Disability Guidelines recommend the use of Ambien for short courses of treatment to assist with insomnia related to chronic pain. The clinical documentation submitted for review indicates that the patient has been on this medication since at least 07/2013. The clinical documentation indicates that the patient has been using this medication well in excess of

guideline recommendations and there are no exceptional factors to support continued use. Additionally, the request as it is submitted does not provide a frequency or duration of treatment. The request for Ambien 2 mg is not medically necessary and appropriate.