

<b>Case Number:</b>	CM13-0046951		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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 33-year-old who reported an injury on 04/12/2010. The mechanism of injury was noted to be a motor vehicle accident. His physical exam findings include decreased range of motion of the cervical spine secondary to pain, cervical tenderness and muscle spasm, normal sensation to the upper extremities and normal deep tendon reflexes. The patient's medications are noted to include Tramadol ER 160 mg daily as needed, Norco 2.5 mg 1 to 2 daily as needed, Naprosyn 550 mg twice a day, and Protonix 20 mg twice a day, as well as topical medications including Flurbiprofen 20% and Lidocaine 2% cream to be applied twice a day and Cyclobenzaprine 10%, Gabapentin 10%, and Methanol 1% cream to be applied twice per day to use as a muscle relaxant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550mg one tablet p.o. b.i.d. #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** According to the California MTUS Guidelines anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume; however, long term use may not be recommended. The clinical information submitted for review fails to provide details regarding the patient's prescription for Naprosyn 550 mg. It is unclear how long the patient has been using this medication, whether there have been any side effects, and whether the medication has been beneficial for the patient. Additionally, it is unknown whether the patient is currently participating in functional restoration activities. In the absence of these details required by the guidelines, continued use of Naprosyn is not supported, as such, the request is non-certified.

**Protonix 20mg one tablet p.o. b.i.d. #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the California MTUS Guidelines proton pump inhibitors may be recommended for patients with dyspepsia due to NSAID use or for patients taking NSAIDS who are at risk for gastrointestinal events. The patient was noted to be taking NSAID medication; however, the documentation provided for review failed to show evidence of symptoms of dyspepsia or risk factors for gastrointestinal events. Therefore, the request is not supported.

**Flurbiprofen 20% and Lidocaine 2% cream, 30grams:** 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:** According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. More specifically, topical NSAIDS may be recommended for osteoarthritis of a joint; however, there is little evidence to utilize topical NSAIDS for the treatment of osteoarthritis of the spine, hip, or shoulder. Additionally, the only FDA approved topical NSAID noted by the guidelines is Voltaren gel 1%. Moreover, the use of topical Lidocaine may be recommended for neuropathic pain. However, Lidoderm patches are the only FDA approved formulation of topical Lidocaine. Therefore, the request for Flurbiprofen 20% and Lidocaine 2% cream is not supported by guidelines.

**Cyclobenzaprine 10%, Gabapentin 10%, Methanol 1% 30grams:** 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:** According to the California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety. Specifically, topical gabapentin is not recommended as there is no peer reviewed literature to support its use, and the guidelines state that there is no evidence for use of any muscle relaxant as a topical product at this time. Therefore, the request for cyclobenzaprine, gabapentin, and methanol is not supported.