

<b>Case Number:</b>	CM13-0056441		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 40-year-old male who reported an injury on 05/26/2009 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to his back and bilateral lower extremities. Prior treatments have included medications, physical therapy, epidural steroid injections and activity modifications. The patient's most recent clinical documentation notes that the patient has tenderness to palpation along the paravertebral musculature, limited range of motion secondary to pain with a right-sided positive straight leg raising test, and weakness in the right foot to dorsiflexion. The patient's diagnoses included herniated disc at the L5-S1 with radiculopathy in the right S1 nerve root. The patient's treatment plan included a home exercise program, topical analgesics, and medications to include gabapentin, Motrin and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg:** 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.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested Prilosec 20 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The patient's most recent clinical evaluation does not provide an adequate assessment of the patient's gastrointestinal system to report that the patient is at risk for developing gastrointestinal disturbances due to medication usage. Therefore, the need for a gastrointestinal protectant is not clearly established. As such, the requested Prilosec 20 mg is not medically necessary or appropriate.

**Flurbiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1%:** 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.

**Decision rationale:** The requested Flurbiprofen/Lidocaine/Menthol/Camphor is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of topical nonsteroidal anti-inflammatory drugs when patients have failed to respond to oral formulations or when oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated for the patient. The clinical documentation does not specifically identify that the patient has failed to respond or cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs for spinal pain. The clinical documentation does not clearly identify other pain generators that may benefit from this medication. California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream formulation as it is not FDA approved for neuropathic pain in this formulation. Although menthol and camphor would be supported for osteoarthritic pain, there is no documentation that the patient's pain is related to an osteoarthritic condition. The California Medical Treatment Utilization Schedule does not recommend the use of any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. As such, the requested Flurbiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1% is not medically necessary or appropriate.

**Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025%:** 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. Decision based on Non-MTUS Citation Wu, H. L., & Shi, G. Y. (2011). U.S. Patent No. 7,939,567. Washington, DC: U.S. Patent and Trademark Office. Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and sy

**Decision rationale:** The Physician Reviewer's decision rationale: The requested Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025% is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical analgesic unless the patient has failed to respond to other first line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line treatment such as antidepressants or anticonvulsants. Additionally, peer reviewed literature does not support the use of opioids such as tramadol or dextromethorphan as topical agents due to lack of scientific evidence to support efficacy and safety. As such, the requested Tramadol 15%/Lidocaine 5%/Dextromethorphan 10%/Capsaicin 0.025% is not medically necessary or appropriate.