

<b>Case Number:</b>	CM14-0001809		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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 an employee of [REDACTED] and has submitted a claim for ankle strain associated with an industrial injury date of March 17, 2012. Treatment to date has included chiropractic and medications which includes Vicodin, Naproxen, Ibuprofen, Ambien, Flexeril, Capsaicin .25%, Flurbiprofen 20%, Tramadol 10%, Camphor 2 % topical compound cream. Medical records from 2013 to 2014 were reviewed. It shows that patient has been complaining of bilateral ankle pain that is dull, achy and sharp in nature graded 7/10 pain scale. Upon physical examination was tenderness and muscle spasm on the both distal leg and the left dorsal and lateral ankle. X-ray of the ankle and foot (date not specified) was clear of any fracture. MRI of the right ankle and foot (5/31/2012) revealed tear of anterior talofibular ligament and soft tissue swelling. Utilization review from December 11, 2013 denied the request for Flexeril 7.5mg because of its recommendation as a short course therapy. Omeprazole 20mg was likewise denied because of the lack of evidence and objective findings of GI pathology or irritation. Capsaicin .25%, Flurbiprofen 20%, Tramadol 10%, Camphor 2 % topical compound cream was also denied because its components are not recommended in the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 41-42.

**Decision rationale:** According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, chapter on Cyclobenzaprine, Flexeril is recommended for a short course of therapy, with its effect is greatest in the first 4 days of treatment. In this case, cyclobenzaprine has been used since July 2013 (5 months to date), which is beyond the recommendation. Although the patient claims that Flexeril helps with spasms, there is insufficient documentation of pain relief and functional improvement during visits. In addition the number of tablets requested was not specified. Therefore, the request for Flexeril 7.5mg is not medically necessary.

**OMEPRAZOLE 20 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with GI disorders such as gastric/duodenal ulcers, Gastroesophageal Reflux Disease (GERD), erosive esophagitis, or patients utilizing chronic Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy. In this case, the patient has been taking Omeprazole since July 2013. Although patient is likewise on opiate therapy and NSAIDs which may cause gastric symptoms, recent progress notes did not report any ongoing gastric symptoms and GI disorders. There was also no objective finding to prove the presence of gastric irritation and/or problem. Furthermore, the number of tablets to be dispensed was not specified. Therefore, the request for Omeprazole 20MG is not medically necessary.

**CAPSAICIN .25%,FLURBIPROFEN 20%, TRAMADOL 10%, CAMPHOR 2 %,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 28, 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support Flurbiprofen as a Non-Steroidal Anti-Inflammatory Drug (NSAID) topical. Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Tramadol is indicated for moderate to severe pain. It is primarily recommended for neuropathic pain when trials of antidepressants

and anticonvulsants have failed. There is little to no research to support the use of NSAIDS and opioids in topical compound formulations. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. The guidelines do not address camphor, however, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, patient has been using this topical medication since December 2013. There is no discussion of failure of oral medications. The requested compound topical is not recommended based on the guidelines stated above. There is no evidence concerning the need for variance from the guidelines. Therefore, the request for Capsaicin .25%, Flurbiprofen 20%, Tramadol 10%, Camphor 2 % topical compound cream is not medically necessary.