

<b>Case Number:</b>	CM14-0111004		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 60 year old female with an injury date of 05/26/13. Based on the 05/27/14 progress report by [REDACTED], the patient complains of low back pain rated 5-6/10 and right knee pain rated 5/10. Physical examination to the lumbar spine revealed tenderness from the thoracolumbar spine down to the base of the pelvis. Physical examination to the right knee revealed abnormal patellar tracking, positive patellar grind maneuver and positive McMurray's test. Patient has been taking OTC Ibuprofen per progress report dated 02/28/14, and provider states in progress report dated 04/29/14 that it does have good benefits. Naproxen was prescribed on 04/29/14. Provider states in progress report dated 05/27/14 that Ibuprofen seems to help her temporarily, but with no long lasting effects. He also states that Naproxen is prescribed as an anti-inflammatory to reduce pain so activity and functional restoration can resume. Diagnosis 05/27/14- right wrist tendinitis- lumbar discopathy and right lower extremity pain- right knee internal derangement- headaches. The utilization review determination being challenged is dated 06/23/14. The rationale follows: 1) Naproxen 550 mg, #100: "no osteoarthritis." 2) Fluriflex cream 180mg: "topical medications have not been adequately proven." 3) TG HOT cream 240gm: "not medically necessary and appropriate." [REDACTED] is the requesting provider, and he has provided treatment reports from 02/28/14 - 05/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg, #100:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22.

**Decision rationale:** The patient complains of low back pain rated 5-6/10 and right knee pain rated 5/10. The request is for Naproxen 550 mg, #100. Her diagnosis dated 05/27/14 includes right wrist tendinitis, lumbar discopathy and right lower extremity pain, and right knee internal derangement. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. Patient has been taking OTC Ibuprofen per progress report dated 02/28/14, and provider states in progress report dated 04/29/14 that it does have good benefits. Naproxen was prescribed on 04/29/14. Provider states in progress report dated 05/27/14 that Ibuprofen seems to help her temporarily, but with no long lasting effects. He also states that Naproxen is prescribed as an anti-inflammatory to reduce pain so activity and functional restoration can resume. Patient has been taking NSAID's for her back pain and finding some relief. The request is reasonable and in line with MTUS. Recommendation is for authorization.

**Fluriflex cream 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient complains of low back pain rated 5-6/10 and right knee pain rated 5/10. The request is for TG HOT cream 240gm. Her diagnosis dated 05/27/14 includes right wrist tendinitis, lumbar discopathy and right lower extremity pain, and right knee internal derangement. Per progress report dated 05/27/14, TG hot topical cream ingredients include the following: Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily this medication is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, Adenosine, Cannabinoids, Cholinergic receptor agonists, agonists, prostanoids, bradykinin, Adenosine Triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended- Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Per provider report dated 05/27/14, requested topical cream has Gabapentin, a drug not recommended by MTUS guidelines. Recommendation is for denial.

**TGHOT cream 240gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient complains of low back pain rated 5-6/10 and right knee pain rated 5/10. The request is for TG HOT cream 240gm. Her diagnosis dated 05/27/14 includes right wrist tendinitis, lumbar discopathy and right lower extremity pain, and right knee internal derangement. Per progress report dated 05/27/14, TG hot topical cream ingredients include the following: Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily this medication is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, Adenosine, Cannabinoids, Cholinergic receptor agonists, agonists, prostanoids, bradykinin, Adenosine Triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended- Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Per provider report dated 05/27/14, requested topical cream has Gabapentin, a drug not recommended by MTUS guidelines. Recommendation is for denial.