

<b>Case Number:</b>	CM14-0131663		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old male was reportedly injured on 04/09/2013. The most recent progress note, dated 07/17/2014, indicates that there were ongoing complaints of low back pain and left wrist pain. The physical examination demonstrated patient has difficulty rising from sitting position, normal gait, moves with stiffness, positive tenderness to palpation of the left wrist ulnar aspect, full range of motion (ROM) with pain and weakness with wrist extension and flexion, mild swelling over the ulnar snuffbox, positive tenderness to palpation at triangular fibrocartilage complex (TFCC). No recent diagnostic studies are available for review. Previous treatment includes acupuncture, chiropractic care, physical therapy, trigger point injection, and medications. The requests for Voltaren extended release (ER) 100mg #30 with 1 refill, Tramadol 50mg #60 with 1 refill, Prilosec 20mg #30 with 1 refill, and the compounded medication Cyclobenzaprine, Ketoprofen, and Lidocaine cream 240mg with 1 refill were not certified in the preauthorization process on 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Voltaren ER (extended release) 100mg #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71 and 112.

**Decision rationale:** Voltaren (Diclofenac) is a nonselective non-steroidal anti-inflammatory drug (NSAID) which is not recommended for first-line use due to its increased risk profile. Evidence-based studies are available demonstrating that Diclofenac poses an equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first-line non-steroidal anti-inflammatory medication. There is no indication in the record that the claimant has failed a course of first-line NSAID medications. In the absence of such documentation, this request is not medically necessary.

**1 prescription for Tramadol 50mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82 and 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to reveal documentation of any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

**1 prescription for Prilosec 20mg #30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. However, long-term PPI use (greater than one year) has been shown to increase the risk of hip fractures. Review of the available medical records fails to reveal documentation of any signs or symptoms of gastrointestinal (GI) distress which would require PPI treatment. As such, this request is not considered medically necessary.

**1 prescription for Cyclobenzaprine/Ketoprofen/Lidocaine cream, 240gm with 1 refill: 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 Page(s): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Additionally, per the MTUS guidelines, when one component of a product is not recommended, the entire product is not medically necessary. Cyclobenzaprine is not indicated for topical use. Considering this, the request for this topical compounding cream is not medically necessary.