

<b>Case Number:</b>	CM14-0139506		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 & 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 46-year-old female with an injury date of 04/21/2012. Based on the 07/25/2014 progress report, the patient complains of having constant severe lower back pain with mild radiation to the bilateral lower extremities, with associated numbness, tingling sensation, and weakness. The patient rates his pain as an 8/10. The patient also claims that her right lower extremity sensory deficit and motor weakness are also worse. Orthopedic testing reveals that the patient has a positive straight leg raise, positive Braggard's, and positive bowstring's tests. Motor examination reveals weakness of the extensor hallucis longus, gastrocnemius, and peroneus longus muscle groups bilaterally at 4/5. Sensory deficit is also noted over the right side of the L5 and S1 dermatomes. Deep tendon reflexes are diminished in the bilateral lower extremity. The patient's diagnoses include the following, L5-S1 herniated nucleus pulposus 6 mm with extrusion of the left S1 nerve root, lumbar spine myofascial pain syndrome, right lower extremity radicular pain and paresthesia, sleep disorder, anxiety and depression secondary to industrial injury, severe left lateral recess stenosis and L4-L5 and L5-S1 disk protrusions with left neuroforaminal stenosis. The utilization review determination being challenged is dated 08/11/2014. Treatment reports were provided from 04/25/2014 - 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Muscle relaxants (for pain).

**Decision rationale:** Based on the 07/25/2014 progress report, the patient complains of having severe lower back pain which radiates to bilateral lower extremities. The request is for Flexeril 10 mg #90 for spasm. According to MTUS Guidelines, cyclobenzaprine are "not recommended to be used for longer than 2 to 3 weeks. The patient has been taking this medication as early as 04/25/2014, which indicates a long term basis and is not within MTUS Guidelines. Therefore the request is not medically necessary.

**Prilosec 20 MG #30:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines- Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the 07/25/2014, the patient complains of having constant severe lower back pain which radiates to the bilateral lower extremities. The request is for Prilosec 20 mg #30. There is no indication of when the patient began taking Prilosec. MTUS supports the usage of proton pump inhibitors for gastric side effects due to NSAID use. For prophylactic use of PPIs, MTUS requires GI assessment that includes the patient's age, history of PUD, high dose of NSAID use, concurrent use of ASA or anticoagulant therapy, etc. In this case, the physician has not documented any GI symptoms and the routine use of PPI for prophylaxis is not supported without GI assessment. Therefore the request is not medically necessary.

**Flurbiprofen 20% Cream 120 G:** 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:** According to the 07/25/2014 progress report, the patient complains of having severe lower back pain which radiates to the bilateral lower extremities. The request is for Flurbiprofen 20% cream 120 g. The patient has been using Flurbiprofen as early as 04/25/2014. MTUS Guidelines provided clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial/spinal pain, but for peripheral joint arthritis and tendinitis. There is no indication where the patient will be applying this topical ointment to. There is no discussion regarding this medication's efficacy. The patient does not present with peripheral joint arthritis/tendinitis for which topical NSAIDs are indicated. Therefore the request is not medically necessary.

**Ketoprofen 20%/Ketamine 10 % Cream 120 gm: 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:** According to the 07/25/2014 progress report, the patient complains of having severe lower back pain which radiates to the bilateral lower extremities. The request is for Ketoprofen 20%/ketamine 10% cream 120 g. The patient has been using this topical compound as early as 04/25/2014. According to MTUS Guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". MTUS page 111 states the following: "non-FDA approved agents; Ketoprofen, this agent is not currently FDA-approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug depends on the base it is delivered. Topical treatment can result in blood concentration and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure." Since Ketoprofen is not within MTUS Guidelines, therefore the request is not medically necessary.

**Gabapentin 10 %/Cyclobenzaprine 10%/Capsaicin .0375% Cream 120 gm: 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:** According to the 07/25/2014 progress report, the patient complains of having severe lower back pain with radiation to the bilateral lower extremities. The request is for gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.375% cream 120 g. The patient has been using this topical ointment as early as 04/25/2014. The patient has been prescribed this compounded cream as early as 04/25/2014. The provider does not provide any documentation as to how the medication is tolerated and beneficial for the patient's symptoms. MTUS Guidelines states that if 1 of the components of the compounded product is not recommended, and the entire

compound is not recommended. In this case, MTUS does not support the topical formulation for gabapentin. Therefore the request is not medically necessary.