

<b>Case Number:</b>	CM14-0143435		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 43-year-old female with a 1/24/14 date of injury. At the time (8/7/14) of the Decision for Anaprox DS/Naproxen Sodium 550mg #60, Protonix/Pantoprazole DR 20mg #60, Flurbiprofen 15%/ Gabapentin 10%/ Cyclobenzaprine 2% 240 gm compounded cream, and Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% 240gm compounded cream, there is documentation of subjective (left heel pain and bilateral hand/wrist pain with numbness) and objective (decreased left ankle range of motion, decreased bilateral wrist grip strength, and positive tinel's test) findings, current diagnoses (bilateral carpal tunnel syndrome, bilateral wrist sprain/strain, and left ankle sprain/strain), and treatment to date (medications (including ongoing treatment with Anaprox, Protonix, and Tramadol)). Regarding Anaprox DS/Naproxen Sodium 550mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date. Regarding Protonix/Pantoprazole DR 20mg #60, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID); and that Protonix is used as a second-line.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS/Naproxen Sodium 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, bilateral wrist sprain/strain, and left ankle sprain/strain. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Anaprox, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date. Therefore, based on guidelines and a review of the evidence, the request for Anaprox DS/Naproxen Sodium 550mg #60 is not medically necessary.

**Protonix/Pantoprazole DR 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitor) Page(s): 68. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain Chapter- Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, bilateral wrist sprain/strain, and left ankle sprain/strain. In addition, there is documentation of ongoing treatment with Protonix. However, despite documentation of ongoing treatment with NSAIDs, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). In addition, there is no documentation that Protonix is used as a second-line. Therefore, based on guidelines and a

review of the evidence, the request for Protonix/Pantoprazole DR 20mg #60 is not medically necessary.

**Flurbiprofen 15%/ Gabapentin 10%/ Cyclobenzaprine 2% 240 gm compounded cream:**  
Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, bilateral wrist sprain/strain, and left ankle sprain/strain. However, the requested Flurbiprofen 15%/ Gabapentin 10%/ Cyclobenzaprine 2% contains at least one drug (Gabapentin) and drug class (Cyclobenzaprine (muscle relaxants)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 15%/ Gabapentin 10%/ Cyclobenzaprine 2% 240 gm compounded cream is not medically necessary.

**Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% 240gm compounded cream:**  
Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, bilateral wrist sprain/strain, and left ankle sprain/strain. However, the requested Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% 240gm compounded cream is not medically necessary.

