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| <b>Case Number:</b>   | CM14-0155485 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 01/28/2013 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 09/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2014 |

### 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 Pain 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:

The injured worker is 26-year-old female who reported an injury on 01/28/2013 while carrying a bag of mandarins, she tripped on a hose that was on the ground, and fell on her back. Diagnoses were low back pain, lumbar spine myoligamentous sprain/strain, L4-5 broad based disc herniation, and right lumbar radiculitis/radiculopathy. X-rays of the lumbosacral spine revealed disc spaces were well maintained. There were no fractures or subluxations of the vertebral bodies noted. The facet joints appeared normal, and neural foramina were widely patent. There was no evidence of any soft tissue abnormalities. There was no evidence of olsthesis or pars abnormalities. AP review reveals 5 lumbar vertebrae, and no evidence of scoliosis. Impression: this was an essentially normal radiologic examination of the lumbosacral spine. Physical examination dated 09/23/2014, revealed the injured worker admitted to use of the topicals with some relief. The injured worker continued to have pain in a band line distribution across the low back that was described as throbbing, burning pain that was frequent. The pain radiated posterolaterally down the right lower extremity to the heel. The injured worker also described mid back pain around the right shoulder blade. Examination of the lumbar spine revealed flexion was to 70 degrees, extension was to 30 degrees, lateral flexion was to 30 degrees bilaterally, left straight leg raise was to 70 degrees, and right straight leg raise was to 60 degrees positive for pain. There was tenderness to palpation of the supraspinatus ligament L4-sacrum, positive tenderness to palpation of the right and left erector spinae, and positive hypoesthesia right lateral thigh and right lateral foot. Motor strength was 5/5 bilaterally throughout, reflexes for the patellars were 1 to +2 bilaterally, and Achilles was +2 bilaterally. Medications were Ibuprofen, Voltaren ER, Omeprazole and creams. The rationale and Request for Authorization were not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren ER 100mg #30 (1 po q day) No refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for the short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The request does not indicate a frequency for the medication. Clinical information does not have documentation of objective functional improvement and objective decrease in pain. Continued use of this medication would not be supported. Therefore, this request is not medically necessary

**Omeprazole 20mg #30 (1 po q day) No refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67.

**Decision rationale:** Based on the MTUS guidelines, clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a Proton-pump inhibitor (PPI) if absolutely necessary. There were no reports of GI upset. The objective rationale was not reported for this medication. The efficacy for this medication was not reported. There was no diagnosis of GERD. The request does not indicate a frequency for the medication. In the absence of documentation, the request is not medically necessary.

**Flurido-A cream #240gm (transdermally, twice a day):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen Page(s): 111,72.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine/National Institute of Health Database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The medical guidelines do not support the use of compounded topical analgesics. Flurbiprofen is not approved as a topical agent. Therefore, this request is not medically necessary

**Ultraflex-G cream #240 gm (transdermally, twice a day): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol, Cyclobenzaprine Page(s): 111,82,41.

**Decision rationale:** The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The medical guidelines do not recommend compounded topical analgesics. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary

**Chiropractic treatments to lumbar two times per week for four weeks (8 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks patients should be re-evaluated. Therapy on 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. Previous chiropractic sessions were not reported with a functional improvement. The clinical information submitted for review does not provide information of previous chiropractic sessions with a functional improvement. Therefore, this request is not medically necessary.