

<b>Case Number:</b>	CM14-0178060		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/18/2000
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 a 47 year old female who injured her back 3/31/2102 while lifting boxes. She complains of low back pain radiating to both lower extremities with numbness and weakness, insomnia, and anxiety. Electrodiagnostic studies have revealed evidence of a chronic and bilateral L4 radiculopathy, a possible S1 radiculopathy, and a severe right -sided peroneal nerve neuropathy. An MRI scan of the lumbar spine has revealed a 2 mm disc bulge at L4-L5 causing mild to moderate neural foraminal stenosis and a 4-5 mm foraminal disc protrusion causing a probable right S1 nerve displacement. The physical exam reveals diminished lumbar range of motion, a positive straight leg raise on the left, tenderness to palpation of the paravertebral muscles, facet joint tenderness at L3-L5 bilaterally, and diminished sensation bilaterally in the distribution of L4, L5, and S1. She has been treated with physical therapy and acupuncture with temporary relief noted. She has been offered but she has declined lumbar epidural steroid injections and facet joint injections. She has been prescribed anti-inflammatories, tramadol, Norco, muscle relaxants, and lidocaine patches. The Anaprox was changed to Ibuprofen 800 mg on 9-24-2014. No directions were provided in the progress notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical, Flurbiprofen, Lidocaine 4gm:** Upheld

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

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

**Decision rationale:** The referenced guidelines state that if a compounded formulation contains one ingredient that is not recommended by the guidelines, then the entire compound is not recommended. In this instance, the compound contains lidocaine. Lidocaine is recommended only in patch form (Lidoderm). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker had been prescribed Lidoderm patches previously and it is not clear from the notes provided why they were discontinued. The compound containing topical Flurbiprofen and Lidocaine 4gm is therefore not medically necessary.

**Compound Topical, Cyclobenzaprine, Lidocaine 4gm:** Upheld

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

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

**Decision rationale:** The referenced guidelines state that if a compounded formulation contains one ingredient that is not recommended by the guidelines, then the entire compound is not recommended. In this instance, the compound contains lidocaine. Lidocaine is recommended only in patch form (Lidoderm). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker had been prescribed Lidoderm patches previously and it is not clear from the notes provided why they were discontinued. The compounded formula containing cyclobenzaprine and lidocaine is therefore not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this instance, it appears that

cyclobenzaprine in one form or another has been in continuous use for several months therefore exceeding recommended durations. Therefore, Flexeril 10mg #60 is not medically necessary.

**Motrin 800mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil) Page(s): 51, 72.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, specific drug list & adverse effects

**Decision rationale:** Ibuprofen (Motrin, Advil [OTC], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this instance, no directions for Ibuprofen use were available from the treating physician's notes. The quantity supplied exceeds that necessary for one month's duration. On the date of prescription, 9-24-2014, the directions were to follow up in 4 weeks. The quantity of Ibuprofen requested greatly exceeds what is necessary to last until the return appointment. The request is not medically necessary.