

<b>Case Number:</b>	CM14-0034657		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Occupational 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 a male with date of injury 2/15/2013. Per progress note dated 2/26/2014, the injured worker is having mild GI upset with ketoprofen. He reports severe low back pain rated at 9/10. On exam he has tenderness to palpation at LS junction. His mental status is alert and oriented. Diagnosis is lumbosacral/joint/ligament sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants (for pain) Page(s): 41, 42, 63, 64.

**Decision rationale:** This request is for a refill of Flexeril, and there is no report of medication efficacy or side effects. Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. The MTUS Guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms.

This request however is not for a tapering dose. The request for Flexeril 7.5 mg #60 is determined to not be medically necessary.

**Omeprazole 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

**Decision rationale:** The injured worker is reported to have mild GI upset with the use of ketoprofen. He is 51 years old. Proton pump inhibitors, such as omeprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for omeprazole 20 mg, #60 is determined to not be medically necessary.

**Lidopro topical ointment:** 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 Capsaicin Topical section, Topical Analgesics Page(s): 28, 29, 111-113.

**Decision rationale:** Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the guidelines, the use of Lidopro ointment is not recommended. In addition, the medical documentation does not clearly show that the injured worker did not respond to or was intolerant of other treatment options to justify the use of topical analgesics. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritic. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Topical analgesics are recommended by the MTUS Guidelines. Compounded

topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Lidopro is therefore not recommended because of the formulation of capsaicin and lidocaine. The request for Lidopro topical ointment is determined to not be medically necessary.