

<b>Case Number:</b>	CM14-0048966		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/09/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Internal 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 patient is a 42-year-old male with date of injury of 12/09/2012. The listed diagnoses per [REDACTED] dated 02/27/2014 are: 1. Lumbar sprain/strain. 2. Cervical sprain/strain. According to this report, the patient complains of low back pain and neck pain. The physical examination shows range of motion is decreased in the lumbar spine. There is a positive straight leg raise and Kemp's test. The patient reports pain down the lumbar spine that radiates down both legs. Cervical spine pain radiates to both shoulders. There is positive swelling on the cervical spine. There are no other findings noted on this report. The patient's current list of medications includes hydrocodone, Cartivisc, omeprazole, cyclobenzaprine, and ibuprofen. The utilization review denied the request on 03/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 grams of compounded Flurbiprofen 20%, Tramadol 20% in Mediderm base:** 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.

**Decision rationale:** This patient presents with low back and neck pain. The treating physician is requesting 30 grams of compounded Flurbiprofen 20%, Tramadol 20% in Mediderm base. The MTUS Guidelines on topical analgesic states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states any compounded product that contains at least 1 drug (or drug class) that is not recommended then is not recommended. In addition, topical NSAIDs are indicated for osteoarthritis and tendinitis in that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use between 4 to 12 weeks. The topical compound Flurbiprofen 20%, Tramadol 20% contains NSAIDs. This patient does not present with osteoarthritis and tendinitis of the knee, elbow, or other joints that would require the use of a topical treatment. Request is not medically necessary.

**30 grams of compounded Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base:** 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.

**Decision rationale:** This patient presents with low back and neck pain. The treating physician is requesting 30 grams of compounded Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base. The MTUS Guidelines on topical analgesic states that it is largely experimental in use with few randomized control trial to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, any compounded product that contains at least 1 drug (or drug class) that is not recommended is then not recommended. In this case, Gabapentin is not recommended as a topical compound. Request is not medically necessary.

**240 grams of compounded Flurbiprofen 20%, Tramadol 20% in Mediderm base.:** 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.

**Decision rationale:** This patient presents with low back and neck pain. The treating physician is requesting 240 grams of compounded Flurbiprofen 20%, Tramadol 20% in Mediderm base. The MTUS Guidelines on topical analgesic states that it is largely experimental in use with few randomized control trial to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, any compounded product that contains at least 1 drug (or drug class) that is not recommended is then not recommended. In addition, topical NSAIDs are indicated for

osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the requested topical compound Flurbiprofen 20%, Tramadol 20% contains an NSAID. The patient does not present with osteoarthritis and tendinitis of the knee, elbow, or other joints that would require the use of a topical treatment. Request is not medically necessary.

**240 grams of compounded Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base: 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.

**Decision rationale:** This patient presents with low back and neck pain. The treating physician is requesting 240 grams of compounded Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base. The MTUS Guidelines on topical analgesic states that it is largely experimental in use with few randomized control trial to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, any compounded product that contains at least 1 drug (or drug class) that is not recommended is then not recommended. In this case, Gabapentin is not recommended as a topical compound. Request is not medically necessary.

**Cartivisc 500/200/150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** This patient presents with low back and neck pain. The treating physician is requesting Cartivisc 500/200/150 mg #90. The MTUS Guidelines on glucosamine and chondroitin sulfate states that it is recommended as an option given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS) on all outcomes including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). The record shows that the patient was prescribed Cartivisc on 02/27/2014. However, the patient does not present with osteoarthritis of the knee for which this medication is indicated. Request is not medically necessary.

**Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** This patient presents with low back pain and neck pain. The treating physician is requesting cyclobenzaprine 7.5 mg #60. The MTUS Guidelines recommend cyclobenzaprine as a short course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. It appears that the patient has not used cyclobenzaprine in the past. While a trial of cyclobenzaprine would be reasonable, the quantity requested exceeds the 2- to 3-week recommendation by MTUS. Request is not medically necessary.

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** This patient presents with low back pain and neck pain. The treating physician is requesting omeprazole 20 mg #60. The MTUS Guidelines on NSAIDs, GI symptoms, and cardiovascular risks state that it is recommended for a precaution to determine if patient is at risk for gastrointestinal events: (1) Ages greater than 65. (2) History of peptic ulcer, GI bleed or perforation. (3) Concurrent use of ASA or corticosteroid and anticoagulants. (4) High dose multiple NSAIDs. The records show that the patient has been taking omeprazole since 12/18/2013. The patient's current list of medications includes hydrocodone, Cartivisc, omeprazole, cyclobenzaprine, and ibuprofen. None of the 345 pages of records document any side effects from medications or other diagnosis of the GI system that will require the use of omeprazole. MTUS does not recommend the routine use of Proton Pump Inhibitors with no documentation of GI risk assessment. Request is not medically necessary.

**Ibuprofen 800mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 60-61, 67-68.

**Decision rationale:** This patient presents with low back pain and neck pain. The treating physician is requesting ibuprofen 800 mg #60. The MTUS Guidelines on anti-inflammatory medications states that anti-inflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume but long term use may not be warranted. MTUS on NSAIDs for chronic low back pain states that it is recommended as an option for

short-term symptomatic relief. The records show that the patient has been taking ibuprofen since 2012. The treating physician notes medication efficacy stating that the patient is currently taking ibuprofen and finds it helpful. In this case, ibuprofen is considered a first line treatment for inflammation. Request is found to be medically necessary.