

<b>Case Number:</b>	CM14-0052703		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old male who has submitted a claim for severe pain in the lumbar spine associated from an industrial injury date of March 9, 2009. Medical records from 2013-2014 were reviewed, the latest of which dated March 128 2014 revealed that the patient has constant and severe pain in the lumbar spine. He describes the pain is quite debilitating. He also continues to experience significant pain for the cervical spine as well as the right knee and right ankle. The patient describes numbness and tingling for the upper and lower extremities. Physical examination of the cervical, thoracic and lumbar spine revealed tenderness and spasm palpable over the paravertebral and trapezial musculature. Right knee and right ankle is tender to palpation as well. Straight leg test produces pain in the lumbar spine bilaterally. Treatment to date has included oral analgesics, opioid medications, topical medication and home exercises. In a utilization review from April 10, 2014 denied the request for Fexmid (Cyclobenzaprine HCL) 7.5mg #60 as it was not recommended for chronic use. The same utilization review denied the request for Colace (Docusate Sodium) 100mg BID #60, Prilosec (Omeprazole) 20mg QD #60 and 120gm tube of Flurbiprofen 25%-Menthol 10%-Camphor3%-Capsaicin 0.0375% topical cream, to be applied twice daily, reasons for which were not mentioned in the documents submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine HCL) 7.5mg #60: Upheld**

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

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

**Decision rationale:** As stated on page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. The patient was prescribed Cyclobenzaprine as early as October 2013. Use of medication is beyond guideline recommendation. Therefore, the request for Fexmid (Cyclobenzaprine HCL) 7.5mg #60 is not medically necessary.

**Colace (Docusate Sodium) 100mg BID #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Opioid - Induced Constipation Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. In this case, patient has been taking Hydrocodone (Norco) as early as October 2013. Given this data of opioid use, there is a medical use for sodium docusate as prophylaxis for opioid-induced constipation. Therefore, the request for Colace 100mg #60 with two refills is medically necessary.

**Prilosec (Omeprazole) 20mg QD #60: Upheld**

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

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

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient was prescribed Prilosec since at least October 2013. There was no mention in the submitted records of any previous or current gastrointestinal disorder. Therefore, the request for Prilosec (Omeprazole) 20mg QD #60 is not medically necessary.

**120gm tube of Flurbiprofen 25%-Menthol 10%-Camphor3%-Capsaicin 0.0375% topical cream, to be applied twice daily: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28-29, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Topical cream requested contains Flurbiprofen 25%-Menthol 10%-Camphor3%-Capsaicin 0.0375%. As noted in the guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Moreover, Capsaicin in 0.0375% is not recommended for topical applications. In this case, patient was prescribed the compound topical cream since at least October 2013. However, there was no mention regarding the therapeutic indication for the use of this medication despite not being recommended by guidelines. Also, the compound has components that are not recommended for topical use, such as Capsaicin in 0.0375% formulation and Flurbiprofen. Therefore the request for 120gm tube of Flurbiprofen 25%-Menthol 10%-Camphor3%-Capsaicin 0.0375% topical cream, to be applied twice daily was not medically necessary.