

<b>Case Number:</b>	CM14-0077505		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 35-year-old male with a date of injury on 02/28/2013. The mechanism of injury is related to the patient falling off a ladder and falling backwards landing on both feet. His legs buckled and he fell to his left knee. Diagnoses that the patient has include neck pain, bilateral rotator cuff/shoulder pain, lumbar disc pain, bilateral knee sprain/pain with meniscal tear, and migraine headaches. Medications listed that the patient is taking include omeprazole, Flexeril, Naprosyn, and Nabumetone. The current request is for Fluriflex (Flubriprofen 10% Cyclobenzaprine 10%) 180gm, TGHOT (Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2% Capsaicin 0.05%) 180 gm, and Omeprazole 20mg #80.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex (Flubriprofen 10% Cyclobenzaprine 10%) 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Web, Pain Page(s): 22,68, 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

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

**Decision rationale:** MTUS guidelines state that one medication is trialed at a time and documentation of outcome, in terms of function and pain, is made. The compounded medication in question contains Flurbiprofen and cyclobenzaprine. Topical cyclobenzaprine is not recommended and no clinical studies or peer reviewed literature support the use of this as a topical agent. Any agent that is part of a compounded medication that is not recommended essentially negates the entire compound, per MTUS guidelines. Furthermore, there is no documentation as to trials of any of the components of this compounded formulation as single agents, nor is there documentation as to failure and/or outcome in terms of pain scores and functionality, to other standard medications trialed. As such, the MTUS guidelines are not met and the compounded cream is not medically necessary.

**TGHot (Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2% Capsaicin 0.05%) 180 gm:** 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): 111-113.

**Decision rationale:** MTUS guidelines state that one medication is trialed at a time and documentation of outcome, in terms of function and pain, is made. The compounded medication in question Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2% Capsaicin 0.05%. Topical Gabapentin is not recommended and no clinical studies or peer reviewed literature support the use of this as a topical agent. Any agent that is part of a compounded medication that is not recommended essentially negates the entire compound. Furthermore, there is no documentation as to trials of any of the components of this compounded formulation as single agents, nor is there documentation as to failure and/or outcome in terms of pain scores and functionality, to other standard medications trialed. As such, the MTUS guidelines are not met and the compounded cream is not medically necessary.

**Omeprazole 20mg #80:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Web Edition Page(s): 22,68, 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI risk Page(s): 68-69.

**Decision rationale:** MTUS guidelines for high-risk gastrointestinal (GI) precautions in patients who meet the following criteria: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop

gastro duodenal lesions. The patient meets criteria 4 and therefore the Omeprazole is medically necessary and I am reversing the prior Utilization Review (UR) decision.