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| <b>Case Number:</b>   | CM14-0077593 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 01/16/2005 |
| <b>Decision Date:</b> | 09/17/2014   | <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 Physical Medicine and Rehabilitation, has a subspecialty in both Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of work injury on January 18, 2005 while lifting a box. On October 31, 2013 medications were atenolol, Prilosec, Gaviscon, aspirin, simethicone, and probiotics. On October 29, 2013 hydrochlorothiazide, Dexilant, ranitidine, atenolol, and aspirin were being prescribed. Prilosec, Gaviscon, simethicone, and probiotics were discontinued. On December 7, 2013 medications were Gaviscon, omeprazole, aspirin, atenolol, MI-acid, estazolam, Zoloft, trazodone, Pepto-Bismol, Otalgan ear drops, and an "unrecalled medication" from Mexico for dizziness. She was seen for a cardiology evaluation on April 2, 2014. She was having episodes of chest pain one time per week. Symptoms were attributed to a gastrointestinal cause. Additional testing was ordered. She was seen by the requesting provider on April 7, 2014. Her history of work injury was reviewed. She underwent lumbar spine fusion surgery in 2010 with physical therapy afterwards. In September 2011 she underwent a revision again with postoperative physical therapy. She continued to be treated for pain including low back pain, bilateral wrist, hand, and finger pain, and for symptoms of reflux, hypertension, anxiety, depression, insomnia, nervousness, and work related trauma and stress. Physical examination findings included lumbar paraspinal muscle tenderness with decreased and painful range of motion. There were positive Kemp and Minor signs. Straight leg raising was negative. Recommendations included the requested topical creams to reduce pain and decreased in need for oral medications. Medications are vaguely referenced as "depression medications, anxiety medications, hypertension medications, sleep aid medication, constipation medications, and anti-acid medications."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (Web), 2014, Low Back, CT (Computed Tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), CT (computed tomography).

**Decision rationale:** The claimant has a remote history of a work-related injury and underwent a lumbar spine fusion in 2010 with revision surgery in 2011 without apparent complication. She continues to be treated for low back pain, bilateral wrist, hand, and finger pain. Guidelines address the role of CT scanning with applicable criteria in this case including plain x-rays that do not confirm a successful fusion. In this case, there is no evidence by x-rays of the lumbar spine which could include flexion / extension views that would meet the criteria for obtaining the requested CT scan which was therefore not medically necessary. Therefore, the request for a CT scan of the lumbar spine is not medically necessary or appropriate.

**Topical Cream: TGHOT (Tranadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gms: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and underwent a lumbar spine fusion in 2010 with revision surgery in 2011 without apparent complication. She continues to be treated for low back pain, bilateral wrist, hand, and finger pain. TGHOT is a combined medication including Gabapentin. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the request for TGHOT (Tranadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 gms is not medically necessary or appropriate.

**Topical Cream: Compounded: FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 Gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and underwent a lumbar spine fusion in 2010 with revision surgery in 2011 without apparent complication. She continues to be treated for low back pain, bilateral wrist, hand, and finger pain. FlurFlex is a combined medication including Flurbiprofen and cyclobenzaprine. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The request for Compounded: FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 Gms is not medically necessary or appropriate.