

<b>Case Number:</b>	CM14-0085655		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated May 29, 2014, the claims administrator failed to approve request for topical compounded drugs, Protonix, Flexeril, and extended-release Tramadol. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 10, 2014, the applicant presented with persistent complaints of low back, mid back, and knee pain. 12 sessions of manipulative therapy and urine drug testing were endorsed while the applicant was placed off of work, on total temporary disability. In a later note dated July 3, 2014, also handwritten, difficult to follow, not entirely legible, the applicant reported 8/10 low back, left shoulder, and knee pain. The applicant was again placed off of work, on total temporary disability, while unspecified topical compounds and other medications were separately endorsed on another prescription form, the attending provider reported. On June 6, 2014, the applicant again presented with multifocal knee, shoulder, and hand pain, 7/10 pain. Authorization for knee surgery was sought. There was no discussion of medications selection or medication efficacy, although it appeared the attending provider had endorsed several unspecified creams through usage of preprinted checkboxes. On January 24, 2014, the applicant was again placed off of work, on total temporary disability, while unspecified topical compounded creams were furnished. Again, there was discussion of medication efficacy or medication selection on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/capsaicin/menthol 10/.025 /2 1% .120mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compound such as the Flurbiprofen-containing agent in question. Therefore, the request is not medically necessary.

**Ketoprofen/cyclobenzaprine/idoacaine 10/3 5% 120mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound in question is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Pantoprazole 20mg: Upheld**

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

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton-pump inhibitor such as pantoprazole (Protonix) to combat issues with NSAID-induced dyspepsia, in this case, however, the information on file, namely the attending provider's handwritten, difficult to follow, and not entirely legible progress notes, referenced above, did not make any explicit mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would support provision of pantoprazole (Protonix). Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page on 41 of MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, both oral and topical. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

**Tramadol ER 150mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider's handwritten progress notes failed to recount any mention of medication efficacy, increments in function or decrements in pain achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.