

<b>Case Number:</b>	CM14-0098262		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 patient is a 31 year old female who was injured on 07/05/2013. The mechanism of injury is unknown. UDS (urine drug screen) dated 04/21/2014 revealed positive for Tramadol. Consultation report dated 04/25/2014 documented the patient to have complaints of low back pain that radiates to both thighs posteriorly into the knees with associated burning, soreness, and stabbing pain. She rated her pain as an 8/10 without medications and with medications a 4/10. She stated she also has constant weakness in the left leg. On exam, Kemp's test is positive on both sides. She has active movement against gravity with full resistance of the quadriceps on the right corresponding to the L4 dermatome. At levels L3-L4, L4-L5 and L5-S1, palpation reveals paraspinal tenderness, muscle guarding and spasms bilaterally. She has tenderness to palpation at the pelvic brims. She is diagnosed with Lumbago; displacement of lumbar intervertebral disc without myelopathy; myalgia; and neuroforaminal narrowing at L5-S1. The patient is recommended physical therapy, urine drug test, Voltaren XR, Protonix and Flurbiprofen 20% cream; Ketoprofen 20%; Ketamine 10%; Gabapentin 10%; Cyclobenzaprine 10%; Capsaicin 0.0375% as per note dated 04/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Voltaren.

**Decision rationale:** This is a request for Voltaren XR for a 31 year old female who was injured on 07/05/2013 with chronic right knee and low back pain status post right knee arthroscopy on 2/6/14. The patient is prescribed oral NSAIDs on a chronic basis. However, according to MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest period possible. Further, history and examination findings do not support significant functional improvement, pain reduction or improved quality of life from use of oral NSAIDs. Therefore, this request is not medically necessary.

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/prilosec-drug.htm>.

**Decision rationale:** This is a request for Prilosec for a 31 year old female who was injured on 07/05/2013 with chronic right knee and low back pain status post right knee arthroscopy on 2/6/14. MTUS guidelines recommend proton pump inhibitors such as Prilosec for patients taking NSAIDs at moderate to high risk of gastrointestinal events. However, records do not establish moderate to high risk of gastrointestinal events. Further, long-term NSAID use does not appear to be warranted in this patient. Therefore, this request is not medically necessary.

**Flurbiprofen Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

**Decision rationale:** This is a request for Flurbiprofen cream for a 31 year old female who was injured on 07/05/2013 with chronic right knee and low back pain status post right knee arthroscopy on 2/6/14. MTUS guidelines recommend topical NSAIDs for short-term use, 4 to 12 weeks, for the treatment of osteoarthritis or tendinitis. However, the patient is prescribed topical

NSAIDs on a chronic basis without evidence of functional improvement, pain reduction or improved quality of life. Therefore, this request is not medically necessary.

**Ketaprofen, Ketamine Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

**Decision rationale:** This is a request for Ketoprofen, Ketamine cream for a 31 year old female who was injured on 07/05/2013 with chronic right knee and low back pain. However, according to MTUS guidelines, topical Ketoprofen is not FDA-approved and has an extremely high incidence of photocontact dermatitis. Topical Ketamine is under study for neuropathic pain. However, history, examination and diagnostics do not establish neuropathy or radiculopathy. Further, there is no documented fail or first-line oral medications for neuropathic pain. Therefore, this request is not medically necessary.

**Gabapentin, Cyclobenzaprine, Capsaicin Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

**Decision rationale:** This is a request for Gabapentin, Cyclobenzaprine, and Capsaicin cream for a 31 year old female who was injured on 07/05/2013 with chronic right knee and low back pain. However, according to MTUS guidelines, topical Gabapentin is not recommended due to a lack of evidence to support its use. Further, muscle relaxants are not recommended for topical application. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this request is not medically necessary.