

<b>Case Number:</b>	CM14-0207826		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/30/2004
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehabilitation 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:

This 72 year-old patient sustained an injury on 6/30/2004 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Fexmid 7.5 mg #120, Retrospective request for Prilosec 20 mg #90, and Retrospective request for Topical compound cream- Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% with DOS of 11/3/2014. Diagnoses list affections of shoulder region. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Reports of 9/26/14 and 11/3/14 from the provider noted continued unchanged left shoulder, elbow and wrist pain with associated hand numbness; pain aggravated by left arm movement. Medications were noted to be somewhat helpful. Exam showed unchanged findings of left shoulder tenderness at AC joint; positive impingement sign and decreased range in all planes. Treatment plan included continuing with medications. The request(s) for Retrospective request for Fexmid 7.5 mg #120, Retrospective request for Prilosec 20 mg #90, and Retrospective request for Topical compound cream- Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% with DOS of 11/3/2014 were non-certified on 12/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Fexmid 7.5 mg #120 with a dos of 11/3/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic 2004 injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic injury. The Retrospective request for Fexmid 7.5 mg #120 with DOS of 11/3/2014 is not medically necessary and appropriate.

**Retrospective request for Prilosec 20 mg #90 with a dos of 11/3/2014:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective request for Prilosec 20 mg #90 with DOS of 11/3/2014 is not medically necessary and appropriate.

**Retrospective request for Topical compound cream- Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% with a dos of 11/3/2014:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no

long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2004 without documented functional improvement from treatment already rendered. Additionally, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The Retrospective request for Topical compound cream- Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% with DOS of 11/3/2014 is not medically necessary and appropriate.