

<b>Case Number:</b>	CM15-0132290		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54-year-old female sustained an industrial injury to the low back and right ankle and foot on 8/13/13. Previous treatment included physical therapy, chiropractic therapy, ice, massage, left knee and lumbar spine extracorporeal shockwave therapy and medications. In a PR-2 dated 6/3/15, the injured worker complained of low back and right foot pain that was aggravated by prolonged standing. Physical exam was remarkable for tenderness to palpation to the lumbar spine with spasm and decreased range of motion and global right foot tenderness to palpation. Current diagnoses included lumbar disc herniation, right foot osteoarthopathy and myospasm. The treatment plan included topical compound creams (Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 15%, Lidocaine HCL 5.15%, Hyaluronic Acid 0.2% and Diclofenac 10%, Flurbiprofen 10%, Gabapentin 10%, Lidocaine HCL 5.15%, Hyaluronic acid 0.2%, a urine drug screen and medications (Naproxen Sodium and Omeprazole).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Urine Drug Screen (UDS) can be utilized for the monitoring of compliance during chronic opioids and sedative treatment. The records did not show that the patient was utilizing opioid or sedative medications. There is no documentation of aberrant behavior or non-compliance with pain treatment. The criteria for the Urine Drug Screen were not met. Therefore, the request is not medically necessary.

**Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 15%, Lidocaine HCL 5.15%, Hyaluronic Acid 0.2% 150 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 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with orally administered first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medications. The guidelines recommend that topical product be utilized individually for evaluation of efficacy. The guidelines did not recommend the use of topical formulations of baclofen, cyclobenzaprine or hyaluronic acid for the treatment of chronic musculoskeletal pain. The criteria for the use of baclofen 2% / cyclobenzaprine 2% / flurbiprofen 15% / lidocaine HCL 5.15% / hyaluronic acid 0.5% 150gm was not met. Therefore, the request is not medically necessary.

**Diclofenac 10%, Flurbiprofen 10%, Gabapentin 10%, Lidocaine HCL 5.15%, Hyaluronic acid 0.2% 150 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 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with orally administered first line anticonvulsant and antidepressant medications have failed.

The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medications. The guidelines recommend that topical product be utilized individually for evaluation of efficacy. The guidelines did not recommend the use of topical formulations of gabapentin multiple topical NSAIDs or hyaluronic acid for the treatment of chronic musculoskeletal pain. The criteria for the use of diclofenac 10% / flurbiprofen 10% / gabapentin 10% / lidocaine HCL 5.15% / hyaluronic acid 0.5% 150gm was not met. Therefore, the request is not medically necessary.

**Naproxen 550 mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with development of cardiac, renal and gastrointestinal complication. The risks are increased in patients utilizing formulations of multiple NSAIDs. The use of the topical NSAIDs is non certified. The criteria for the use of Naproxen 550mg #60 were met. Therefore, the request is not medically necessary.

**Omeprazole 550 mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with development of cardiac, renal and gastrointestinal complication. The risks are increased in patients utilizing formulations of multiple NSAIDs. It is recommended that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related gastritis. The criteria for the use of Omeprazole #60 were met. Therefore, the request is not medically necessary.