

<b>Case Number:</b>	CM15-0136639		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/29/2001
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 50 year old female, who sustained an industrial injury on 10-29-2001. She has reported injury to the neck and back. The diagnoses have included lumbago; thoracolumbar neuritis or radiculitis; lumbar radiculopathy; lumbar sprain; lumbosacral joint-ligament sprain; cervical radiculopathy; and spasm of muscle. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Norco, Soma, Valium, Tramadol ER, Docuprene, Sprix nasal spray, Ketoprofen ointment, and Lidocaine Patch. A progress note from the treating physician, dated 06-18-2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain and back pain; the pain has been increasing since her move; she is moving boxes and rearranging her furniture; pain is rated at 9 out of 10 on her "whole body"; she went to the emergency room and had a shot of Toradol; she describes her symptoms as pressure, tingling in the hands, arm, and finger; worsening radicular symptoms down both legs and arms; swelling in the bilateral legs and tingling in the toes; her medications are helping to reduce pain and increase functioning; pain is rated at 4 out of 10 in intensity with medications; and without medications, she is unable to leave her couch, unable to sleep due to pain, and rated the pain at 8 out of 10 in intensity. Objective findings included she is walking with a four-prong cane; left and right tenderness and spasms of the cervical and trapezius muscles; bilateral tenderness and spasms of the L3-5 paraspinal muscles; decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine; decreased sensory of the right lateral arm-hand and bilateral posterior thigh; positive Tinel's sign bilaterally at the wrists; and there is decreased sensory in the bilateral hands and wrists. The

treatment plan has included the request for Flurbiprofen 20% with Lidocaine ointment; and Soma #50.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20% w/ Lidocaine ointment:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.

**Soma #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up

of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified.