MAXIMUS Federal Services

| Case Number: | CM15-0139689 | | |
|---|---|---|---|
| Date Assigned: | 07/29/2015 | Date of Injury: | 06/09/2011 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

## 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: Florida
Certification(s)/Specialty: Neurology, 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:

The injured worker is a 41 year old male who sustained an industrial/work injury on 6-9-11. He reported an initial complaint of low back pain and right hand pain. The injured worker was diagnosed as having herniated lumbar disc, lumbar radiculitis, and lumbar facet syndrome. Treatment to date includes medication, medial branch blocks, epidural decompression, physical therapy, diagnostics, acupuncture, chiropractic treatment. EMG-NCV (electromyography and nerve conduction velocity test) was performed on 12/18/14 of the lower extremities. Currently, the injured worker complained of pain in the lumbar spine with a scale of 3-4 out of ten. Per the primary physician's report (PR-2) on 6-16-15, exam noted full range of motion and a 2 plus tenderness and spasm at L4-5 and L5-S1. Return to work was granted with weight lifting restrictions of less than 30 pounds. The requested treatments include Flurbiprofen-Capsaicin/Camphor 10/0/023/2/1% 120 gm, Ketoprofen-Cyclobenzaprine-Lidocaine 10/3/5% 120 gm, and Anaprox (Naproxen) 550 mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin/Camphor 10/0/023/2/1% 120 gm:** 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.

**Decision rationale:** MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants 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). The medical records provided for review report degenerative joint disease but does not indicate failure of oral therapies. There is no indication of neuropathic pain condition. As such, the medical records provided for review do not support use of the requested therapy congruent with MTUS guidelines. The request is not medically necessary.

**Anaprox (Naproxen) 550 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID or indicate failure of response to acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type if there is demonstrated failure to acetaminophen. As such, the medical records provided for review do not support the use of naproxen for the insured as there is no indication of objective benefit in function. The request is not medically necessary.

**Ketoprofen/Cyclobenzaprine/Lidocaine 10/3/5% 120 gm:** 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.

**Decision rationale:** MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants 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). The medical records provided for review report degenerative joint disease but does not indicate failure of oral therapies. There is no indication of neuropathic pain condition. As such, the medical records provided for review do not support use of the requested therapy congruent with MTUS guidelines. The request is not medically necessary.