

<b>Case Number:</b>	CM15-0190191		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 59 year old female, who sustained an industrial injury on 5-25-10. Current diagnoses or physician impression includes lumbar sprain-strain syndrome, L5-S1 discopathy, bilateral shoulder tendinopathy and post left shoulder rotator cuff repair. Her disability status is permanent and stationary. Notes dated 5-15-15 - 8-7-15 reveals the injured worker presented with complaints of constant bilateral shoulders and low back pain described as aching and irritability and is rated at 4-6 out of 10. A physical examination dated 8-7-15 revealed "sacroiliac tenderness", "lower lumbar midline and paraspinous musculature" pain and a mild amount of muscle spasm noted on forward flexion. Extension is limited due to pelvic stress, tenderness along the "sacroiliac joint and sciatic stretch signs produce back pain and sacroiliac pain". Range of motion is decreased and hip flexion produces low back and sacroiliac region pain. The right shoulder examination reveals tenderness in the "acromioclavicular joint, crepitus" on motion and decreased range of motion. Treatment to date has included physical therapy, medication; Naproxen (for greater than 1 year), Glucosamine and transdermal medication and surgical intervention (arthroscopic rotator cuff repair). A request for authorization dated 8-7-15 for Naprosyn 375-500 mg #60 with 3 refills is modified to #60 with no refills and Flurbiprofen-Baclofen-Cyclobenzaprine-Gabapentin-Lidocaine cream (20-2-2-6- 5%) 18 grams is non-certified, per Utilization Review letter dated 8-31-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 375/500mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Naprosyn is naproxen, a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted. For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving Naprosyn since at least May 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.

**Flurbiprofen / baclofen/cyclobenzaprine/ gabapentin/ lidocaine cream 20%/2%/2%/6%/5% 18g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** This medication is a compounded topical analgesic containing flurbiprofen, baclofen, cyclobenzaprine, gabapentin, and lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for

chronic neuropathic pain. In this case there is insufficient documentation to support the diagnosis of post-herpetic neuralgia. Lidocaine is not indicated. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.