

Case Number:	CM15-0192234		
Date Assigned:	10/06/2015	Date of Injury:	05/19/2009
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male with a date of injury on 05-19-2009. The injured worker is undergoing treatment for lumbar intervertebral disc displacement without myelopathy and thoracic-lumbosacral neuritis and radiculitis. In addition, he has diagnoses of gastroesophageal reflux disease, gastritis, erectile dysfunction, depression, sleep disorder and hypertension. A secondary treating physician note dated 08-28-015 documents a physician note dated 05-07-2015 documents he has continued pain and rates it 6 out of 10. Topical compound cream and Omeprazole is recommended. In a note dated 05-26-2015 documents he has intermittent chest pain only with acid reflux. He gets good relief with the use of Dexilant. He has tenderness over the epigastric region. Recommended was a GI consultation, Dexilant, Ranitidine, Carvedilol, and Lovanza. A physician progress note dated 09-03-3015 documents the injured worker has persistent lower thoracic, lumbar, left and right lumbar, left and right sacroiliac, sacral, right buttock, right posterior leg, knee, right calf, right ankle, right foot, right hip, right anterior leg right anterior knee, right shin, right ankle and right foot pain. He rates his pain as 6 out of 10. There is numbness and tingling in his right anterior leg, right shin, anterior knee, right ankle, right foot, right posterior leg, knee, right calf, right ankle and right foot pain and it is noted 80% of the time. He has dizziness, insomnia, anxiety and stress. There is tenderness present in the lumbar and sacroiliacs, sacral, buttocks, and the right leg. Lumbar range of motion is limited. Kemp's is positive bilaterally and there is positive sitting root in the left lower extremity. Treatment to date has included diagnostic studies, medications, home exercises, and exercising at the gym. The treatment plan includes continuation of his home

exercises, an updated Magnetic Resonance Imaging of the lumbar spine, acupuncture 2 x 3 for the lumbar spine and topical FCL, Lidoderm patches and Prilosec. On 09-09-2015 Utilization Review non-certified the request for Compound Medication: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% in 180gms, Lidoderm Patches (quantity not specified), and Prilosec 20mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The claimant has a history of a work injury occurring in May 2009 occurring when he injured his back while avoiding a parking sign falling on a vehicle and continues to be treated for low back pain with right lower extremity radiating symptoms. In January 2015 medications include naproxen and Dexilant. His past medical history includes hypertension, gastroesophageal reflux disease, Barrett's esophagus, and he has secondary stress. In August 2015, medications were Lovaza, Dexilant, ranitidine, and Carvedilol. When seen, he had lower thoracic and bilateral lumbar and bilateral sacroiliac pain, right buttock pain, and bilateral lower extremity pain, which was rated at 3-8/10. He was having ongoing anxiety, stress, and insomnia. Physical examination findings included multiple areas of tenderness. Lumbar spine range of motion was decreased. Left lower extremity straight leg raising was positive. Kemp's testing was positive bilaterally. Lidoderm, Prilosec, and topical compounded cream were prescribed. Authorization for acupuncture and an updated lumbar MRI was requested. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.

Prilosec 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant has a history of a work injury occurring in May 2009 occurring when he injured his back while avoiding a parking sign falling on a vehicle and continues to be treated for low back pain with right lower extremity radiating symptoms. In January 2015 medications include naproxen and Dexilant. His past medical history includes hypertension, gastroesophageal reflux disease, Barrett's esophagus, and he has secondary stress. In August 2015, medications were Lovaza, Dexilant, ranitidine, and Carvedilol. When seen, he had lower thoracic and bilateral lumbar and bilateral sacroiliac pain, right buttock pain, and bilateral lower extremity pain, which was rated at 3-8/10. He was having ongoing anxiety, stress, and insomnia. Physical examination findings included multiple areas of tenderness. Lumbar spine range of motion was decreased. Left lower extremity straight leg raising was positive. Kemp's testing was positive bilaterally. Lidoderm, Prilosec, and topical compounded cream were prescribed. Authorization for acupuncture and an updated lumbar MRI was requested. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is no longer taking an oral NSAID. In terms of topical NSAIDs, these have a better safety profile than oral NSAIDs. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. Therefore, continued prescribing of Prilosec is not medically necessary.

Compound Medication: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% in 180gms: Upheld

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

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

Decision rationale: The claimant has a history of a work injury occurring in May 2009 occurring when he injured his back while avoiding a parking sign falling on a vehicle and continues to be treated for low back pain with right lower extremity radiating symptoms. In January 2015 medications include naproxen and Dexilant. His past medical history includes hypertension, gastroesophageal reflux disease, Barrett's esophagus, and he has secondary stress. In August 2015, medications were Lovaza, Dexilant, ranitidine, and Carvedilol. When seen, he had lower thoracic and bilateral lumbar and bilateral sacroiliac pain, right buttock pain, and bilateral lower extremity pain, which was rated at 3-8/10. He was having ongoing anxiety, stress, and insomnia. Physical examination findings included multiple areas of tenderness. Lumbar spine range of motion was decreased. Left lower extremity straight leg raising was positive. Kemp's testing was positive bilaterally. Lidoderm, Prilosec, and topical compounded cream were prescribed. Authorization for acupuncture and an updated lumbar MRI was requested. This request is for a compounded topical medication with components including baclofen, dexamethasone, capsaicin, and Flurbiprofen. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of

adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Additionally, two topical anti-inflammatory medications are included in this product, which is duplicative. This medication is not medically necessary.