

<b>Case Number:</b>	CM15-0205153		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Arizona, California  
 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 11-02-12. A review of the medical records reveals the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, bilateral shoulder impingement syndrome-biceps tendinosis, bilateral upper extremity pain, bilateral de Quervain's tenosynovitis, and lumbar strain-sprain. Medical records (09-01-15) reveal the injured worker complains of lumbar spine, bilateral elbow, wrist, and hand pain, rated at 8/10 without Norco and 4/10 with Norco. The physical exam (09-01-15) reveals decreased range of motion of the lumbar spine, bilateral shoulders, elbows and right wrist decreased strength was noted in the bilateral elbows and right wrist. Prior treatment includes Norco, a topical compound of Flurbiprofen-baclofen-lidocaine, Tylenol, and Prilosec, as well as physical therapy, chiropractic care, left carpal tunnel release, work restrictions, and a right wrist brace. The original utilization review (10-01-15) no certified the request for a compound of Flurbiprofen 20%-baclofen 20%-Lidocaine 4%-menthol 4% 180gm, and Prilosec DR 20mg #60. There is no documentation of the reason for changing the topical compound to include Menthol. There is no documentation of the reason from changing Prilosec to Prilosec DR, or any documentation of the gastrointestinal system (09-01-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream: Flubiprofen 20%, Baclofen 20%, Lidocaine 4%, Menthol 4%, 180gm:**  
Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant was on NSAIDs in the past which caused GI upset and resulted in chronic use of PPIs. Since the compound above contains these topical medications, the compound in question is not medically necessary.

**Prilosec DR (delayed release) 20mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant had GI upset from prior NSAID use. The claimant is currently on topical NSAIDs which can cause systemic effects that are similar. The topical NSAIDs are not necessary. In addition, long-term use of PPIs are not indicated. As a result, continued use of Prilosec DR is not medically necessary.