

<b>Case Number:</b>	CM15-0222604		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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 Jersey

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 60-year-old female who sustained an industrial injury on November 21, 2011. Medical records indicated that the injured worker was treated for. Medical diagnoses include cervical sprain and strain, cervical disc herniation, cervical paraspinal muscle spasm, severe, cervical radiculitis and radiculopathy of bilateral upper extremities and chronic pain. In the provider notes dated October 7, 2015 the injured worker complained of frequent flare ups of neck pain and limited range of motion associated with tingling and numbness in the arms. She states, "Her functionality has improved and she experience less headaches. She received 50% improvement after the first cervical epidural steroid injection. Patient received improvement with range of motion, functionality, tingling and numbness in the bilateral upper extremities for six weeks." On exam, the documentation stated, "cervical paraspinal muscles have been noticed on deep palpation with sever guarding associated with reproduction of pain level" 8 out of 10 during exam. "Deep palpation over cervical spinous process at level C4 reproduced severe pain radiating to corresponding dermatome in both arms." Cervical compression and cervical distraction tests are positive. Range of motion is decreased. There is tenderness to palpation over anterior aspects of shoulders, suprascapular muscles and the acromion. Range of motion is limited of bilateral upper extremities. The treatment plan includes medications, second cervical epidural steroid injection at level C7-T1, Duragesic patches 25 mg, and Flurbiprofen 25%, dextromethorphan 10% in Lipoderm base 180 gm, and gabapentin 10%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2% in Lipoderm base 180 mg. A Request for Authorization was submitted for Omeprazole 20 mg #30, Flurbiprofen 25%, dextromethorphan 10% in

Lidoderm base 180 gm, and gabapentin 10%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2% in Lipoderm base 180 mg. The Utilization Review dated October 29, 2015 denied the request for Omeprazole 20 mg #30, Flurbiprofen 25%, dextromethorphan 10% in Lidoderm base 180 gm, and gabapentin 10%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2% in Lipoderm base 180 mg.

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

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

#### **Omeprazole 20mg #30: 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) 2013 Online Version, Pain, Proton pump inhibitors.

**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 section, Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was no found evidence of increased risk of gastrointestinal events in the notes provided for review to justify the side effects of a daily PPI. Therefore, omeprazole will be considered medically unnecessary. Weaning may be indicated.

#### **Flurbiprofen 25% Dextromethorphan 10% in Lipoderm base 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. In the case of this worker, the provider stated the topical analgesics prescribed, including Flurbiprofen 25%

Dextromethorphan 10% in Lipoderm base 180gm, were to be able to reduce opioids. Upon review of the notes, there did not seem to be a documented functional gain or reduction in opioids. Also, this combination/compounded topical analgesic is not an approved product for chronic pain use. Therefore, this request will be considered medically unnecessary.

**Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2% in Lipoderm base 180mg:** 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The Guidelines also state that anti-epileptics or muscle relaxants are all not recommended for topical use as there was insufficient evidence for benefit in chronic pain. In the case of this worker, Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2% in Lipoderm base 180mg was requested for use. However, as this combination topical analgesic product contains multiple ingredients which are non-recommended (gabapentin, cyclobenzaprine, ketoprofen), this request will be considered medically unnecessary.