

<b>Case Number:</b>	CM15-0056326		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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  
 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 44 year old male who has reported head, neck, trunk, and upper extremity pain after a head contusion on December 5, 2014. He was diagnosed with a head injury, cervical strain, post concussion syndrome, shoulder impingement, lateral epicondylitis, and scalp laceration. Treatment has included a cervical collar, medications, and physical therapy. On 2/19/15 the injured worker was evaluated by a new treating physician. The injured worker had not worked since the initial injury. Current medications were naproxen and cyclobenzaprine. There was no discussion of the results of prior treatment. The physical examination was notable for multifocal tenderness and limited range of motion. There was no spasm or neurological deficits. There were no vital signs. The work status was "temporarily totally disabled". The treatment plan included physical therapy, ibuprofen, Prilosec, Flexeril, and two topical compounds, flurbiprofen-capsaicin-menthol-camphor and ketoprofen-cyclobenzaprine-lidocaine. The Request for Authorization included prescriptions for Ibuprofen, Prilosec, Flexeril, flurbiprofen topical, and ketoprofen topical. There was no mention of the multiagent topical compounds listed in the report. There was no discussion of the prior results of using any medication and the specific indications for any topical medication ingredients. On 3/18/15 Utilization Review non-certified ibuprofen, Prilosec, Flexeril, and ketoprofen. Flurbiprofen topically was certified for the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. Four or more medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. The treating physician prescribed three different NSAIDs at the same time, which duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. There was no measuring of vital signs, no plan for blood tests, and no discussion of the results of prior use of NSAIDs. The injured worker remains "temporarily totally disabled", indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment to date. None of the kinds of functional improvement discussed in the MTUS are evident. This NSAID is not medically necessary based on the lack of specific functional and symptomatic benefit from NSAIDs to date, excessive prescribing of multiple NSAIDs simultaneously, and prescription not in accordance with the MTUS and the FDA warnings.

**Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. The treating physician is dispensing excessive quantities and kinds of NSAIDs to this patient. Administration of a PPI is not the antidote for this practice. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

**Flexeril 7.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently since the original injury. The quantity prescribed implies long term use, not a short period of use for acute pain. The medical report does not show any spasm. No reports show any specific and significant improvements in pain or function as a result of prescribing this muscle relaxant previously. The treating physician is prescribing both topical and oral cyclobenzaprine, which is redundant and possibly toxic. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Ketoprofen 120mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Medications.

**Decision rationale:** The treating physician report refers to a topical compound of ketoprofen-cyclobenzaprine-lidocaine. The Request for Authorization is for ketoprofen topically without mention of the other ingredients. It is therefore not clear what was actually prescribed. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical

lidocaine other than Lidoderm and topical muscle relaxants are not recommended per the MTUS. Two muscle relaxants were dispensed simultaneously, which is duplicative, unnecessary, and potentially toxic. Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. The treating physician did not provide any indications or body part intended for this NSAID. This injured worker is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Two topical NSAIDs were dispensed simultaneously, which is duplicative and unnecessary, as well as possibly toxic. Note that topical ketoprofen is not FDA approved, and is not recommended per the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.