

<b>Case Number:</b>	CM15-0059903		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old female, who sustained an industrial injury on 1/17/2014. She reported an injury to her right elbow due to repetitive use. Diagnoses have included carpal tunnel syndrome, joint pain forearm and articular cartilage disorder forearm. Treatment to date has included carpal tunnel release on the right and medication. According to the progress report dated 2/12/2015, the injured worker complained of persistent hand and wrist pain. She complained of neck pain, low back pain and left shoulder pain. Physical exam revealed tenderness about her left hand and wrist. Authorization was requested for Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10%/4% and Flurbiprofen/Omeprazole 100/10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10%/4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory drugs Page(s): 113, 71-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient was injured on 01/17/14, and presents with hand pain, wrist pain, neck pain, low back pain, and left shoulder pain. The request is for Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10%/4%. The RFA is dated 02/23/15, and the patient is on temporary total disability. The patient is diagnosed with carpal tunnel syndrome, joint pain forearm, and articular cartilage disorder forearm. She has tenderness about her left hand and wrist. MTUS has the following regarding topical creams (page 111, Chronic Pain Section), "Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterwards, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not recommended. In this case, Cyclobenzaprine is not indicated for use as a topical formulation. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for Flurbiprofen. The requested compounded medication is not medically necessary.

**Flurbiprofen/Omeprazole 100/10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, NSAIDs, GI symptoms and cardiovascular risk Page(s): 71-72, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain, NSAIDs, GI symptoms and cardiovascular risk Page(s): 22, 60, 69.

**Decision rationale:** The patient was injured on 01/17/14, and presents with hand pain, wrist pain, neck pain, low back pain, and left shoulder pain. The request is for Flurbiprofen/Omeprazole 100/10 mg. The RFA is dated 02/23/15, and the patient is on temporary total disability. The patient is diagnosed with carpal tunnel syndrome, joint pain forearm, and articular cartilage disorder forearm. She has tenderness about her left hand and wrist. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "a record of pain and function with the medication should be recorded, when the medications are used for chronic pain." MTUS Guidelines page 60 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." As of 02/02/15, the patient is taking Tramadol, Hydrocodone, Cyclobenzaprine, and Diclofenac Sodium. Review of the reports provided does not mention how Flurbiprofen has impacted the patient's pain and function, as required by MTUS Guidelines. None of the reports discussed how Omeprazole is managing his symptoms. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to the efficacy of both medications and lack of rationale for their use, the requested

Flurbiprofen/Omeprazole is not medically necessary.