

<b>Case Number:</b>	CM14-0128272		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 42-year-old female who has submitted a claim for right shoulder calcific tendinitis with subacromial impingement, right carpal tunnel syndrome, right cubital tunnel syndrome, and right foot chronic sprain associated with an industrial injury date of 11/10/2011. Medical records from 2014 were reviewed. Patient complained of right shoulder pain, right elbow pain, right wrist pain, and right foot pain. Pain was rated 4/10 in severity. Patient also complained of gastrointestinal symptoms secondary to previous NSAID use. Physical examination of the right shoulder showed restricted motion and decreased strength at 4+/5. Tenderness was noted at the right lateral epicondyle. Examination of the right wrist showed minimal restricted motion with weak grip strength of 4/5. There was also decreased range of motion at the right ankle, with tenderness over the Achilles insertion. Treatment to date has included right shoulder arthroscopy, physical therapy, home exercise program, and medications such as Motrin, topical cream, and Prilosec (since February 2014). Utilization review from 7/23/2014 denied the request for Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/4%) 180gm #90 because of limited published studies concerning its efficacy and safety. The reason for the denial of Prilosec (Omeprazole) 20mg #60 was not made available for review.

### 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%) 180 Gm #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for Diclofenac in the California MTUS. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Cyclobenzaprine is not recommended for use as a topical analgesic. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, topical cream is prescribed as adjuvant therapy to oral medications secondary to gastrointestinal complaint. However, the prescribed medication contains Flurbiprofen and cyclobenzaprine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/4%) 180gm #90 is not medically necessary.

**Prilosec (Omeprazole) 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk, Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since February 2014 for gastrointestinal symptoms. However, there is no documentation concerning functional improvement from medication use. The medical necessity for continuing treatment has not been established due to insufficient documentation. Therefore, the request for Prilosec (Omeprazole) 20mg #60 is not medically necessary.