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| <b>Case Number:</b>   | CM14-0142728 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 08/13/2013 |
| <b>Decision Date:</b> | 12/17/2014   | <b>UR Denial Date:</b>       | 08/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 44-year-old female with an 8/13/13 date of injury. The mechanism of injury occurred when she was unloading a 25-pound tactical shield from the trunk of her patrol vehicle and felt a muscle pull in the left side of her lower back. According to a progress report dated 8/21/14, the patient rated her pain at a 7/10, which was frequent and radiating to her left hip. She has been taking Motrin three tablets a day and reported improvement in her pain from a 7 down to a 4. Objective findings: limited lumbar range of motion because of pain, tenderness on both paraspinal musculatures, tenderness over the greater trochanteric bursa. Diagnostic impression: 5-mm lumbar disc herniation at L5-S1, acute lumbar strain, left hip trochanteric bursitis. Treatment to date: medication management, activity modification. A UR decision dated 8/18/14 denied the requests for Motrin and Flurbiprofen/Cyclobenzaprine/Menthol cream. There is no documentation of failed trials of oral anticonvulsants and antidepressants. Furthermore, cited guidelines do not support use of Flurbiprofen and cyclobenzaprine for topical application as there is little to no evidence proving safety and efficacy. Regarding Motrin, there is no supporting evidence of objective functional improvement or progressive return to work. There is no report of inability to maintain work with reduction in medication usage.

### 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%) 180gm: 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): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite a lack of guideline support was not provided. Therefore, the request for Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/4%) was not medically necessary.

**Motrin (Ibuprofen) 800mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the present case, it is noted that the patient has been taking Motrin three tablets a day and reported improvement in her pain from a 7 down to a 4. Guidelines support the continued use of NSAIDS with documentation of benefit and pain reduction. Therefore, the request for Motrin (Ibuprofen) 800mg #60 was medically necessary.