

<b>Case Number:</b>	CM15-0111332		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 39 year old female, who sustained an industrial injury on 07/24/2010. She has reported subsequent low back and lower extremity pain and was diagnosed with L5-S1 herniated nucleus pulposus, L5-S1 degenerative disc disease, S1 radiculopathy, neurogenic bladder and perineal numbness and vaginal pain. Treatment to date has included medication, acupuncture, chiropractic treatment and physical therapy. In a progress note dated 05/11/2015, the injured worker complained of a flare up of severe back pain with right leg radicular pain that was rated as 7/10, after working in a postpartum unit full duty. Objective findings were notable for somewhat limited range of motion of the back due to pain and decreased sensation on the right lateral aspect of the foot and the right S2-S3 region around the buttock and posterior thigh. A request for authorization of Ibuprofen and 1 jar of compounded cream with Ketamine, Baclofen, Cyclobenzaprine, Ketoprofen and Lidocaine was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes indicate this patient is currently taking Mobic. The treating physician has not provided rationale behind adding an additional NSAID, which would increase the patient's risk for gastrointestinal bleeding. As such, the request for Ibuprofen 800mg #90 is not medically necessary.

**1 jar of compounded cream with Ketamine 10% Baclofen 2% Cyclobenzaprine 2% Ketoprofen 15% and Lidocaine 5%:** Upheld

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

**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, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states that topical Baclofen is "Not recommended." As such, the request for 1 jar of compounded cream with Ketamine 10% Baclofen 2% Cyclobenzaprine 2% Ketoprofen 15% and Lidocaine 5% is not medically necessary.