

<b>Case Number:</b>	CM15-0115439		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 71-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 6, 2011. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve requests for a topical compounded agent, Baclofen and Prilosec. The claims administrator referenced a May 5, 2015 progress note and an associated May 15, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On October 9, 2014, it was acknowledged that the applicant was not working owing to multifocal complaints of neck pain, headaches, back pain, tremors, and insomnia. On November 6, 2014, the applicant was again described as no longer working and having last worked in May 2011. Complaints of headaches, neck pain, shoulder pain, and mid back pain were reported. The applicant was using a neck brace, it was acknowledged. Ancillary complaints of low back pain were evident. The applicant was status post a shoulder surgery. The applicant was on Norco, Metformin, Glipizide, Finasteride, Prilosec, Inderal, Zestril, and Actos, it was further noted. The applicant's gastrointestinal review of systems was described as negative, it was stated. The applicant denied any history of peptic ulcer disease or previous GI bleeding, it was acknowledged. The applicant's past medical history was notable for diabetes, hypertension, and asthma, it was stated. On December 8, 2014, the applicant was placed off of work, on total temporary disability. Ongoing complaints of neck, shoulder, and arm pain with derivative complaints of psychological stress were reported. The applicant's pain complaints were collectively rated at 6-7/10. Activities of daily living including sitting, standing, walking, and negotiating stairs remained problematic, the applicant acknowledged. Medication selection was not discussed at any length, although the treating provider incidentally mentioned that the applicant was using hydrocodone and an unspecified muscle relaxant with benefit. This was not,

however, elaborated or expounded upon. Once again, there was no mention of the applicants experiencing issues with reflux, heartburn, and/or dyspepsia on this date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% 180gms #1:** 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): s 111-113.

**Decision rationale:** No, the request for a Flurbiprofen-Cyclobenzaprine-Baclofen-Lidocaine compound is not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Baclofen, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Baclofen 20mg BID for muscle relaxation #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available) Page(s): 64.

**Decision rationale:** Similarly, the request for Baclofen, an antispasmodic medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Baclofen is recommended orally for the treatment of spasticity and muscle spasms associated with multiple sclerosis and spinal cord injuries, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, it was reported on December 8, 2014, despite ongoing usage of Baclofen. Ongoing usage of Baclofen failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant was described as having difficulty performing activities of daily living as basic as standing, walking, and negotiating stairs, etc., on that date. All of the foregoing, taken together,

suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Baclofen. Therefore, the request is not medically necessary.

**Omeprazole 20mg BID for epigastric pain #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Finally, the request for Omeprazole, a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, multiple progress notes, referenced above, made no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.