

<b>Case Number:</b>	CM15-0127161		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: 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 injured worker is a 37-year-old male, who sustained an industrial injury on 3/21/13. He reported headache and right knee pain. The injured worker was diagnosed as having a work related fall with right sided head trauma causing concussion with loss of consciousness, post-concussion syndrome involving posttraumatic headaches, insomnia, mood change, sleep initiation and maintenance insomnia secondary to pain with associated daytime impairment, and sexual dysfunction. Treatment to date has included medication. Physical examination findings on 3/12/15 included slight cervical tenderness of the paraspinous processes, slight tenderness in the lumbar region at the paraspinous muscles, and tenderness at the right knee. Currently, the injured worker complains of headaches and decreased sleep. The treating physician requested authorization for Norflex 100mg #60, Flurbiprofen/Capsaicin/Camphor (10%/0.025%/2%/1%) 120g, Ketoprofen 10%/Cyclobenzaprine 3%/Lidocaine 5% 120g, and Protonix 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 63.

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Norflex 100 mg, sixty count is not medically necessary.

**Flurbiprofen/Capsaicin/Camphor 10%/0.025%/2%/1%, 120 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen/Capsaicin/Camphor 10%/0.025%/2%/1%, 120 grams is not medically necessary.

**Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120 grams is not medically necessary.

**Protonix (Pantoprazole) 20 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68.

**Decision rationale:** Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Protonix (Pantoprazole) 20 mg, sixty count is not medically necessary.