

<b>Case Number:</b>	CM15-0127674		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	02/18/2015
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 44 year old man sustained an industrial injury on 2/18/2015. The mechanism of injury is not detailed. Diagnoses include lumbar radiculopathy. Treatment has included oral medications. Physician notes dated 4/29/2015 show complaints of low back pain rated 8/10. Recommendations include Protonix, Cyclobenzaprine, Voltaren, and two topical compounded analgesic creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **90 Tablets of Cyclobenzaprine 7.5mg: 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 Muscle relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS states that muscle relaxants such as cyclobenzaprine (Flexeril) are recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. In this case, medical records indicate that the

patient has been prescribed Flexeril on a chronic basis. MTUS does not recommend long-term use of muscle relaxants and recommends using 3-4 days for acute spasm and no more than 2-3 weeks total. This request exceeds the guidelines and is therefore deemed not medically necessary.

**60 Tablets of Protonix 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-73.

**Decision rationale:** Protonix is a proton pump inhibitor that is prescribed to patients at risk of a GI adverse event who are taking NSAIDs. This patient is taking an NSAID, Voltaren. MTUS states that risk factors include age greater than 65 years, history of GI bleeding, peptic ulcer or perforation, concurrent use of ASA, corticosteroids or anticoagulants, or a high dose/multiple NSAIDs. This patient is 44 years old with no history of GI risk factors. Therefore, the request for Protonix is not medically necessary or appropriate.

**1 Container of topical compound medication (Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine) in cream base 240 grams: 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 rationale:** CA MTUS guidelines for topical analgesics state that these agents are largely experimental and there are few randomized controlled trials to determine their safety and efficacy. Any compounded product that contains a drug (or drug class) that is not recommended is not recommended. This compounded product contains Gabapentin, which is specifically listed as a not recommended agent. Therefore the request is not recommended and not medically necessary.

**1 Container of topical compound medication (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%) in cream base 240 grams: 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 rationale:** CA MTUS states that in regard to topical analgesics, they are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Further, any compounded product that contains a drug (or drug class) that is not recommended is not recommended. This compounded product contains Baclofen, which is specifically not recommended. Therefore the request is deemed not medically necessary or appropriate.