

<b>Case Number:</b>	CM15-0171785		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Arizona, California

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:

The injured worker is a 51-year-old male, who sustained an industrial-work injury on 5-8-07. Treatment to date has included pain medication, Naprosyn, Prilosec and compounded creams since at least 4-7-14, Functional Restoration Program, physical therapy, psyche, and surgery, injections, and spinal cord stimulator. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spinal stenosis, lumbar spondylosis, lumbar degenerative disc disease (DDD), lumbar radiculopathy and history of Complex regional pain syndrome (CRPS) involving the left knee. Medical records dated (3-4-15 to 8-12-15) indicate that the injured worker complains of chronic low back pain that radiates to the bilateral lower extremities with right knee pain. The pain is rated 7 to 8 out of 10, which has remained unchanged from previous visits and decreases to 5-6 out of 10 when he uses the Lidocaine cream. The medical record dated 8-12-15 the physician indicates, "he has trialed Lyrica and Gabapentin in the past and they cause dizziness, agitation and sedation and was also unable to tolerate the Lidoderm patches but the Lidocaine cream is very effective in managing the pain." The physician also indicates that "since he has not had the Lidoderm cream he has been taking more Naprosyn and he complains of stomach upset and the Prilosec can alleviate the gastrointestinal upset." The medical records also indicate worsening of the activities of daily living due to pain. The physical exam dated from (3-4-15 to 8-12-15) reveals moderate discomfort, gait is slowed and antalgic with use of forearm crutches, moderate lumbar muscle tenderness to palpation, decreased lumbar range of motion in all planes with grimacing on ends of range. There is hyperalgesia of the left knee and left lower leg with patchy areas of absent

sensation. There is limited range of motion of the left knee with weakness in the left leg limited by pain. Per the treating physician, report dated 3-9-15 the employee is permanent and stationary. The original Utilization review dated 8-19-15 non-certified a request for Flurbiprofen-Cyclobenzaprine-Lidocaine topical compound cream as the guidelines indicate that topical Cyclobenzaprine is not recommended as there is no evidence to support its use and Lidocaine is only recommended as Lidocaine patch, non-certified a request for Naprosyn 500mg #60 as the guidelines recommend Nonsteroidal anti-inflammatory drug use for short term and there has been no significant improvements in objective findings with its use and denied a request for Prilosec 20mg #30 as the co-request for Naprosyn has been non-certified, ongoing treatment with Prilosec is not warranted.

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

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

**Flurbiprofen/Cyclobenzaprine/Lidocaine topical compound cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant was on oral NSAIDs as well. In addition, the claimant was on topical Lidocaine in the past. Long-term use of topicals is not recommended. Since the compound above contains these topical medications, the compound in question is not medically necessary.

**Naprosyn 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over several months and the claimant had GI side effects. Pain score reduction with its use was not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.