

<b>Case Number:</b>	CM15-0064090		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 47 year old female injured worker suffered an industrial injury on 09/16/2014. The diagnoses included cervical sprain/strain with radiculitis, rule out herniated disc, thoracic sprain/strain, lumbar spine sprain/strain with radiculitis, and rule out herniated disc, and left shoulder sprain/strain, rule out internal derangement. The injured worker had been treated with physical therapy. On 2/19/2015 the treating provider reported the neck pain was 9/10 and the lumbar spine was 8/10. On 1/14/2015 the provider reported complaints of pain in the neck and left shoulder that radiated down the left arm. The cervical spine revealed tenderness and pain on range of motion. The left shoulder had positive impingement signs. The lumbar spine exam revealed tenderness and spasms with positive straight leg raise. The treatment plan included Omeprazole, Tramadol, and Flurbiprofen 20% Cyclobenzaprine 10%, Gabapentin 10% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Tramadol 150mg quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain; last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, it is not clear what other medications/opiates have been tried. Tramadol is not recommended as a first-line oral analgesic. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.

**Compound: Flurbiprofen 20% cream quantity 30gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Topical analgesics.

**Decision rationale:** According to the California MTUS Guidelines, topical non-steroidal anti-inflammatory drug (NSAIDs) are used for the treatment of osteoarthritis and tendonitis, in particular, knee and elbow joints that are amenable to topical treatment. There is little evidence that supports topical NSAIDs as a treatment option for spine and shoulder conditions. The duration of effect is for a short-term use (4-12 weeks) with reported diminished effectiveness over time. The documentation indicates that this patient has chronic neck, back and shoulder

pain. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Medical necessity for the requested Flurbiprofen 20% cream has not been established. The requested treatment is not medically necessary.

**Compound: Cyclobenzaprine 10%, Gabapentin 10% cream quantity 30gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Topical analgesics.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as mono-therapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested compounded topical agent is Cyclobenzaprine 10%, Gabapentin 10% cream. Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. In addition, Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. Medical necessity for the requested topical analgesic cream has not been established. The request for the compounded topical analgesic cream is not medically necessary.