

<b>Case Number:</b>	CM15-0068969		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2015

### 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 Jersey

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 48-year-old female, who sustained an industrial injury on March 11, 2014. The injured worker reported back pain. The injured worker was diagnosed as having lumbar muscle strain. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), medication, chiropractic and acupuncture. A progress note dated December 11, 2014 provides the injured worker complains of back pain that radiates to buttocks. She rates her pain 8/10. Physical exam notes lumbar tenderness. There is full range of motion (ROM). The plan includes medication and home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 50mg/ Caffeine 10mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no clear indication to recommend chronic use of orphenadrine/caffeine for the worker's chronic back pain. There was also no evidence to show the worker was experiencing an acute flare of low back spasm to warrant even a short course of a muscle relaxant. Therefore, the request for orphenadrine/caffeine will be considered medically unnecessary.

**Flurbiprofen/Omeprazole 100/10mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. The MTUS Guidelines also state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no indication to be using flurbiprofen on a chronic basis for low back pain, and there was no evidence of the worker having an acute flare to warrant NSAIDs. Also, there was no indication for including omeprazole in a combination drug product, as there was no history to suggest an elevated risk of gastrointestinal events. Therefore, the request for flurbiprofen/omeprazole will be considered medically unnecessary.

**Flurbiprofen/Cyclobenzaprine/Mentho Cream 20%, 10%, 4%:** 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and

safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. The MTUS Chronic Pain Treatment Guidelines also states that topical muscle relaxants are not recommended due to their lack of supportive data for chronic pain treatment. Any topical combination drug product which contains at least one non-recommended ingredient is to be considered non-recommended. In the case of this worker, a combination product which included flurbiprofen, cyclobenzaprine, and menthol includes a non-recommended ingredient (cyclobenzaprine) and therefore, will be considered non-recommended and medically unnecessary.