

<b>Case Number:</b>	CM13-0011749		
<b>Date Assigned:</b>	09/30/2013	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California, Ohio, and Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 01/14/2010. The primary diagnosis is a lumbar sprain. Additional treating diagnoses include status post left knee arthroscopy and low back pain status post an epidural injection. The patient has also been referred for physical therapy for the diagnosis of lumbar stenosis. The initial physician review concluded the patient did not meet the necessary criteria to support the need for the multiple requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% Lidocaine 5% cream:** 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.

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 11, state, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records do not provide such detail or provide a rationale for these medications. Noted as well, the same guidelines state,

"Any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine: Non-neuropathic Pain: Not recommended, Neuropathic Pain: Recommended for localized peripheral pain after there has been evidence of a trial of first line therapy." The medical records do not indicate that this medication would be used specifically for localized neuropathy peripheral pain. For this reason as well, this request overall is not medically necessary.

**Omeprazole 20mg #120 caps:** 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 NSAIDs and Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, state, "Determine if the patient is at risk for gastrointestinal events." The medical records at this time are unclear in terms of the specific risk factors requiring gastrointestinal prophylaxis for this patient. The medical records do not support this request. This request is not medically necessary.