

<b>Case Number:</b>	CM13-0025525		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/29/2001
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This is a 66 year-old, male with a date of injury of June 29, 2001, with diagnosis of osteoarthritis nos, back disorder/failed back on visit April 9, 2013 per [REDACTED]. The IMR application shows a dispute with the September 5, 2013 UR decision from [REDACTED] and denies a compounded topical cream consisting of Flurbiprofen 25%/, lidocaine 5%, Menthol 5%, Camphor 1%, another topical cream consisting of tramadol 15%, lidocaine 5%, dextromethorphan 10%, and capsaicin 0.025%, and the use of Omeprazole 20mg. The UR based their decision from the August 27, 2013 medical report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The California MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This topical

compound contains 5% lidocaine. The Californai MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by the California MTUS criteria. Therefore the request for Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% is not medically necessary and appropriate.

**Tramadol 15%, Lidocaine 5%, Dextromethorphan 10%, Capsaicin 0.025%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** The California MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This topical compound contains 5% lidocaine. The Californai MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by the California MTUS criteria. Therefore the request for Tramadol 15%, Lidocaine 5%, Dextromethorphan 10%, Capsaicin 0.025% is not medically necessary and appropriate.

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The patient is 66 years-old and meets the California MTUS risk factors for gastrointestinal (GI) events. The October 15, 2013 report from [REDACTED] shows the patient still uses naproxen and omeprazole. The California MTUS guidelines recommends: "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily)." The use of omeprazole with the naproxen appears to be in accordance with the California MTUS guidelines. Therefore the request for Omeprazole 20mg, #60, is medically necessary and appropriate.