

Case Number:	CM13-0030969		
Date Assigned:	12/04/2013	Date of Injury:	09/24/1999
Decision Date:	10/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 records presented for review indicate that this 69-year-old female was reportedly injured on September 24, 1999. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated March 27, 2013, indicates that there are ongoing complaints of neck pain, back pain, hip pain, and knee pain. The physical examination demonstrated spasms and tenderness over the cervical spine paravertebral muscles as well as the upper trapezius and interscapular area. There was decreased range of motion of the cervical spine with spasms. Decreased sensation was noted at the C6 distribution on the right side. The examination of the lumbar spine revealed tenderness along the paraspinal muscles and pain and spasms with range of motion. There was decreased sensation at the right L5 nerve distribution. Examination of the knees revealed patellar crepitus and tenderness along the medial and lateral joint lines bilaterally. There was a positive bilateral McMurray's test. Diagnostic imaging studies of the knees which revealed medial joint space narrowing and degenerative changes. Previous treatment includes physical therapy, aquatic therapy, lumbar spine epidural steroid injections, and medications. A request had been made for a topical compound of ketoprofen/lidocaine/baclofen/PCCA, omeprazole, and tramadol and was not certified in the pre-authorization process on September 4, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

**POS Compound Topical Cream-Ketoprofen/Lidocaine/Baclofen/PCCA Lipo Day Supply:
30 Quantity: 180 Refills: 0: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a topical compound of ketoprofen/lidocaine/baclofen/PCCA is not medically necessary.

Omeprazole Cap 20 MG Day Supply: 30 Quantity: 60 Refills: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for omeprazole is not medically necessary.

Tramadol HCL Tab 100 MG ER Day Supply: 30 Quantity: 30 Refills: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.