

<b>Case Number:</b>	CM13-0044227		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 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 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:

This patient is a 56-year-old male with date of injury of 01/07/2013. The listed diagnoses per [REDACTED] dated 09/13/2013 are lumbar facet syndrome, lumbar strain, lumbar disk degeneration at L4-L5 and L5-S1 and bilateral hip pain with mild osteoarthritis on x-rays. According to the report, the patient underwent a left lumbar medial branch block at L3, L4, and L5 on 08/22/2013. The patient reports that he had 3 days of 80% relief with increased function and decrease in his need for medication. Since then, his pain has returned mostly on the left side. He rates his pain about 7/10 with burning and is made worse with activity and improves with rest. His current lists of medications include naproxen and Prilosec. The physical exam shows the patient has tenderness over the bilateral paraspinal muscles especially over the left SI joint and left facet joints. Lumbar facet loading is positive bilaterally but worse on the left. Straight leg raise is negative for radicular pain. Lumbar range of motion is restricted in all planes due to pain. The utilization report denied the request on 10/15/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation .ODG, Pain Chapter.

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

**Decision rationale:** This patient presents with back pain. The provider is requesting Prilosec 20 mg. The California MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Ages greater than 65, (2) History of peptic ulcer or GI bleed or perforation, (3) Concurrent use of ASA or corticosteroids and/or anticoagulant, (4) High dose multiple NSAIDs. The review of records show that the patient has been taking Prilosec since 03/04/2013. The progress report dated 10/07/2013 documents that the provider recommended Prilosec to help with his GI distress. In this case, the provider is requesting this medication in conjunction with the patient's Naproxen use. Recommendation is for authorization.

**CAPSAICIN 60 GRAMS:** Overturned

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

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

**Decision rationale:** This patient presents with back pain. The provider is requesting capsaicin 60 g. The California MTUS Guidelines page 111 on topical analgesics states that it is recommended as an option primarily for neuropathic pain when trials of antidepressants and anti-convulsants have failed. In addition, it is largely experimental in use with few randomized control trials to determine efficacy or safety. The California MTUS Guidelines page 112 on Capsaicin states, "recommended only as an option in patients who have not responded or are intolerant to other treatments... There are positive randomized studies with Capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain but it should be considered experimental in very high doses". The review of reports shows that the patient has been utilizing Capsaicin topical cream since 08/2013. The patient states on progress report 08/26/2013 that with creams, pain is a 4/10 while without the creams, the pain is 8/10. In this case, the patient reports significant relief while utilizing Capsaicin. Recommendation is for authorization.

**UA TOXICOLOGY SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** This patient presents with back pain. The provider is requesting urine drug screen. California MTUS guidelines allow for UDS when opiates are used for abuse monitoring. In this patient, the only medication prescribed are Naproxen and Prilosec. There is no evidence

that the patient is on any opiate requiring urine toxicology. The provider does not explain why urine toxicology is needed. Recommendation is for denial.

**IBUPROFEN 10% TOPICAL COMPOUND:** Upheld

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

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

**Decision rationale:** This patient presents with back pain. The provider is requesting ibuprofen 10% topical compound. The California MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. This patient does not present with peripheral joint problems but suffers from low back and hip pains. Recommendation is for denial.