

<b>Case Number:</b>	CM14-0108750		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/19/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Orthopedic Medicine and is licensed to practice in Arizona. 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 is a 61-year-old male who sustained an injury on 7/19/2008. A progress report dated 5/30/2014 states the patient is complaining of headaches, low back pain with radiation into both lower extremities, bilateral hand pain and bilateral wrist pain, bilateral shoulder pain and bilateral knee pain, bilateral foot pain and bilateral ankle pain, and is also complaining of pain in the neck radiating into his arms. Recent examination of the patient revealed he had bilateral positive Tinel and Phalen signs. The patient had thenar weakness bilaterally. Examination of the lumbar spine reveals a positive straight leg raise in the sitting position with weakness of the quadriceps muscles. He has a positive antalgic gait and uses a cane to walk. The patient states that his cervical and lumbar spine gives him the most pain. Progress report dated 7/29/2014 stated that the patient's low back and neck pain levels have increased since his last office visit. It is associated with tenderness to palpation from L3-S1 area and along the paraspinal muscles. The patient is taking omeprazole for heartburn. He has been on topical non-steroidal anti-inflammatory drugs (NSAIDs) since at least September 2010. A request was made to continue topical ibuprofen, omeprazole, and meclizine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen cream 10% 120 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** This patient has been on topical non-steroidal anti-inflammatory drugs (NSAIDs) for many years. The lists of topical NSAIDs that have been tried include topical ketoprofen and Voltaren gel. The chronic pain guidelines state that topical NSAIDs are useful for chronic skeletal muscular pain but there are no long-term studies of their effectiveness or safety. They are not recommended for neuropathic pain. The only FDA approved agent is Voltaren gel 1%. This patient has extensive musculoskeletal pain. There is no documentation on what body parts the topical medication is being used there is also no documentation of side effects. Adverse reactions do occur about 12% of the individuals with gastrointestinal complaints and headaches being reported most frequently in both topical and oral NSAID groups. This patient does have a history of chronic headaches. Therefore, since this product is not FDA approved and since there is no documentation of objective functional improvement with the use of this medication or any documentation of side effects such as headaches which may be produced by this medication, the medical necessity for continuing the use of ibuprofen cream has not been established.

**Omeprazole 20 mg:** Overturned

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

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

**Decision rationale:** This patient has been on omeprazole for many years due to a history of heartburn and reflux. The chronic pain guidelines state that omeprazole is recommended for patients who are at risk for gastrointestinal events. This patient does not have any risk factors for gastrointestinal events. The ODG states that patients with dyspepsia secondary to therapy should stop the NSAIDs, switch to a different NSAID, or consider H2 receptor antagonist or a protein pump inhibitor. Since the patient continues to have dyspepsia and reflux and since he is still on NSAIDs even though topical, the medical necessity for using omeprazole according to the guidelines has been established

**Meclizine 25 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Concussion / Mild Traumatic Brain Injury.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:webmd.

**Decision rationale:** Meclizine is a taken nausea drug which is also used for dizziness and motion sickness. There is a note in the record that the patient was complaining of headaches, lightheadedness and dizziness back in 2012 but there is no documentation of recent symptoms of dizziness or lightheadedness. There is no documentation that the patient is complaining of nausea or vomiting. There is also no documentation of the effectiveness of this drug in this patient. Therefore until there is documentation that the patient continues to have symptoms for which this drug is effective, the medical necessity of continuing the use of meclizine has not been established.