

<b>Case Number:</b>	CM14-0010310		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 37-year-old female who reported an injury on 06/28/2004. The mechanism of injury was the injured worker was performing her usual and customary job duty and suddenly a plastic box weighing approximately 4 to 5 pounds filled with 30 inches by 12 inches rolled various types of fabric fell 5 feet from an upper shelf, striking the injured worker on the back of her head and neck. The diagnosis was cervical spondylosis without myelopathy. The injured worker was utilizing opiates, anti-epileptic medications, antidepressants, PPIs, and topical pain compounds as of 10/2013. The documentation of 12/10/2013 revealed the injured worker underwent a left-sided cervical medial branch radiofrequency neurolysis on 12/04/2013. The injured worker noted she had improved left-sided pain. The injured worker indicated that she was able to work full time. The diagnoses included cervical facet arthropathy, left ulnar neuropathy at the elbow, cervical disc disease and disc bulge, left shoulder impingement, left medial epicondylitis, myofascial pain and spasm, and repetitive strain overuse syndrome of the left upper extremity. The treatment plan included a continuation of Norco 5/325 mg 1 tablet every 12 hours as needed for pain, Neurontin 900 mg 1 tablet every 8 hours, Amitriptyline 50 mg 1 tablet at bedtime as needed, Prilosec 20 mg 1 tablet every 12 hours, and topical pain compound formulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS X 2 PRILOSEC 20MG 1 TAB Q12 #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, NECK AND UPPER BACK COMPLAINTS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (NSAIDS)non-steroidal anti-inflammatory drugs Page(s):.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for more than 2 months. There was a lack of documentation of efficacy for the requested medication. There was a lack of documentation indicating a necessity for 2 times per day dosing. Given the above, the request for meds times 2 Prilosec 20 mg 1 tablet every 12 hours #60 is not medically necessary.

**TOPICAL COMPOUND FORMULATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL PAIN COMPOUND,

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The clinical documentation submitted for review submitted for review failed to indicate the injured worker had neuropathic pain and that a trial of antidepressants and anticonvulsants had failed. There was a lack of documentation indicating the components for the topical compound and as such, specific medication guidelines could not be applied. The request as submitted failed to indicated the name of the medication(s), the frequency, quantity, and strength for the requested medication. Given the above, the request for topical compound formulation is not medically necessary.