

<b>Case Number:</b>	CM14-0010648		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/07/2003
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/09/2014
<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 Neurosurgery 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 injured worker is a 61-year-old female who sustained an injury on 08/07/13. No specific mechanism of injury was noted. The injured worker is noted to have had a prior lumbar fusion with persistent left sided flank pain. The injured worker was seen on 10/25/13 with continuing complaints of pain over the bilateral sacroiliac joints. Per the report, the injured worker indicated physical therapy had been helpful. A physical examination noted continued tenderness to palpation over the bilateral sacroiliac joints. Positive Fabre and Patrick's signs were noted. Medications were continued at this visit and the injured worker was recommended for further physical therapy. The last urinary drug screen reports for the injured worker were performed on 12/06/13. There were inconsistent findings for Benzodiazepines, as the injured worker was prescribed Alprazolam. There were also inconsistent findings for Tramadol and for Hydrocodone, which were both prescribed medications with negative findings on the report. The injured worker was seen again on 12/28/13. Symptoms were unchanged and the injured worker continued to demonstrate positive sacroiliac joint dysfunction findings on physical examination. The medications were continued as well as a compounded medication. The retrospective purchase of a compounded medication including Flurbiprofen, Menthol, Camphor, Tramadol 150mg, quantity 90, and Omeprazole 20mg, quantity 90 were all denied by utilization review on an undetermined date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PHARMACY PURCHASE OF FLURIPROFEN/MENTHOL/CAMPHOR/CAPSAICIN TOPICAL COMPOUND:** 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): 111-113.

**Decision rationale:** In regards to the retrospective purchase of a topical compounded medication that includes Flurbiprofen, Menthol, and Camphor, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The use of compounded topical medications are largely considered experimental and investigational in the clinical literature. They can be considered an option in the treatment of neuropathic pain when injured workers have failed all other conservative efforts to include other medications such as anticonvulsants or antidepressants. In the clinical documentation submitted, there was no specific discussion regarding the use of first (1st) line medications for neuropathic pain. There was also no indication that other oral antiinflammatories were contraindicated or were not tolerated. Given the limited indications for the use of a topical compounded medication, the retrospective purchase of this compounded medication would not have been supported as medically appropriate.

**TRAMADOL 150MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

**Decision rationale:** The Chronic Pain Guidelines indicate that one of the criteria for the use of opioids include documentation of pain and functional improvement and compare to baseline. The guidelines also indicate that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no indication in the clinical records that this medication had been beneficial for the injured worker in terms of functional improvement or pain reduction. Furthermore, the clinical documentation did not discuss negative findings on the most recent urinary drug screens for Tramadol. Given the inconsistent findings on recent toxicology results as well as the lack of documentation regarding functional benefit, this request is not medically necessary.

**OMEPRAZOLE 20MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**Decision rationale:** The clinical records did not identify any specific side effects from oral medications, such as gastritis or acid reflux that would reasonably have supported the use of a proton pump inhibitor. There was no other documentation to support a diagnosis of gastroesophageal reflux disease which would support the use of this medication. Therefore, the request is not medically necessary.