

<b>Case Number:</b>	CM14-0129754		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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's date of injury was said to be April 22, 2013 although we are not told in the medical record what the injury was. The records reviewed revealed diagnoses of lumbar sacral sprain/strain, lumbar spine disc protrusion, lumbar spine myofascial pain syndrome, right knee pain. A variety of office notes are reviewed. The injured worker consistently complained of low back pain of moderate to severe intensity radiating into the right lower extremity and right knee pain. The physical exam fairly consistently documented 2-3+ tenderness to the paraspinal musculature with spasm, positive straight leg raise signs bilaterally, reduced range of motion with regard to the back, tenderness of the right knee, a positive McMurray sign, restricted range of motion of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Pain Procedure Summary (last updated 06/10/2014), Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <chronic pain section, <proton pump inhibitors topic>.

**Decision rationale:** Proton pump inhibitors such as Prilosec are highly effective medications for their approved indications which include preventing gastric ulcers caused by anti-inflammatories. Studies suggest however that nearly half of all prescriptions for proton pump inhibitors are used for unapproved indications and sometimes for no indications at all. In this instance, there is no documentation that the injured worker had an approved indication for proton pump inhibitor or was taking anti-inflammatory medication. Therefore, Prilosec is not medically necessary.

**Fluriflex 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Chronic Pain Section> Page(s): 111-113.

**Decision rationale:** Fluriflex is a compounded formulation of Flurbiprofen, and anti-inflammatory, and Cyclobenzaprine, a muscle relaxant. The above cited guidelines clearly state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. As there is no evidence to support the use of any topical muscle relaxant, the use of Fluriflex is not medically necessary.

**TGHot 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Topical Pain Reliever Section> Page(s): 111-113.

**Decision rationale:** TGHot is a compounded formulation of Tramadol, Gabapentin, Capsaicin, and Menthol. Because the use of Gabapentin topically has no peer-reviewed literature to support its use, and because the guidelines demand that if one component of a compound is not medically necessary then the entire compound is medically unnecessary, the use of TGHot is not medically necessary.

**Lumbar spine surgical consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Pain Procedure Summary (last updated 06/10/2014), Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305.

**Decision rationale:** Referral for surgical consultation is indicated if there are severe and disabling lower leg symptoms consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain for more than one month or extreme progressive lower leg symptoms, clear clinical, imaging, electrophysiological evidence of a lesion that has been shown to benefit both in the short and long-term from surgical repair, or failure of conservative treatment to resolve disabling radicular symptoms. In this instance, conservative treatment has clearly failed to resolve the injured worker's radicular symptoms with pain characterized in the moderate to severe category. Therefore, referral for lumbar spine surgical consideration is medically necessary.

**Home exercise program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 299.

**Decision rationale:** While the above referenced guidelines do recommend physical therapy interventions to include one to two visits for education, counseling, and evaluation of home exercise for range of motion and strengthening, the patient was already prescribed physical therapy two times weekly for six weeks. It is expected that a home exercise program would have been incorporated somewhere within the twelve visits already authorized. Further authorization for physical therapy to educate regarding a home exercise program is not medically necessary.