

<b>Case Number:</b>	CM14-0178669		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 & Rehabilitation, 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 56-year-old woman with a date of injury of 6/18/14. The patient is being treated for pain in the knees, feet, low back and left shoulder. Physical examination is notable for tenderness in the knee joint lines, muscle spasms in the lower extremities. There is normal knee range of motion. There is tenderness in the lumbar paraspinal muscles and impaired lumbar range of motion due to pain. The patient is being treated for a diagnosis of bilateral knee and ankle sprains and bilateral lower extremity swelling. The pain level is indicated to be 9/10. Prescriptions were provided for topical Ibuprofen, Lidocaine, Cyclobenzaprine and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker is being treated for pain of bilateral knees as a result of a sprain/strain. For symptom relief, prescriptions were provided for Naprosyn 550 mg, Narcosoft, Omeprazole 20 mg and topical Ibuprofen, Cyclobenzaprine, Lidocaine. MTUS guidelines

recommend the addition of proton pump inhibitors when taking nonselective NSAIDs for patients at intermediate risk for gastrointestinal events. Provided documentation does not provide evidence of the patient's history of gastrointestinal disease or dyspepsia on previously taken NSAIDs. Request for omeprazole 20 mg is therefore not medically necessary.

**Topical cream: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 80gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** The injured worker is being treated for pain of bilateral knees as a result of a sprain/strain. For symptom relief prescriptions were provided for Naprosyn 550 mg, Narcosoft, Omeprazole 20 mg and topical Ibuprofen, Cyclobenzaprine, Lidocaine. MTUS guidelines indicate that topical Lidocaine is recommended for neuropathic pain and not indicated for non-neuropathic pain such as presented in this case. Therefore the request for topical Ibuprofen, Cyclobenzaprine, and Lidocaine is not medically necessary.