

<b>Case Number:</b>	CM14-0029751		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 claimant is a 49-year-old male with a 9/19/11 date of injury. At the time (2/25/14) of request for authorization for Prilosec 20 mg by mouth (PO) OP #30, 3 refills, Cyto-Keto-Lido cream 240 gm #1, 3 refills, and Ibuprofen 800 mg by mouth (PO) twice a day(BID) as needed (PRN) #60, 3 refills, there is documentation of subjective (acute flare-up in lumbar spine pain, pain rated 3/10) and objective (stiffness, mild tenderness lumbar and lumbosacral) findings, current diagnoses (lumbar spine sprain/strain and radiculopathy), and treatment to date (home exercise program). 2/14/14 medical report identifies that patient is not taking medications. In addition, medical report identifies a request for Prilosec for gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG PO OD #30, 3 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain and radiculopathy. In addition, there is documentation of gastritis. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 mg by mouth OP #30, with three refills is medically necessary.

**CYTO-KETO-LIDO CREAM 240GM #1, 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-113.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain and radiculopathy. However, Cyto-Keto-Lido cream 240 gm contains at least one drug (ketoprofen and lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyto-Keto-Lido cream 240 gm #1, with three refills is not medically necessary.

**IBUPROFEN 800MG PO BID PRN #60, 3 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain and radiculopathy. In addition, there is documentation of an acute flare-up in lumbar spine pain. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800 mg by mouth, twice a day as needed #60, with three refills is medically necessary.

