

<b>Case Number:</b>	CM14-0046876		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/14/2004
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Medicine and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 08/14/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 03/26/2014 indicated diagnoses of failed back surgery syndrome, lumbar; lumbar postlaminectomy syndrome; lumbar radiculopathy; gastroesophageal reflux disease; insomnia; medication-related dyspepsia; chronic pain, and chronic nausea. The injured worker reported neck pain that radiated down bilateral upper extremities that was aggravated by activity and walking, low back pain that radiated down the right lower extremity. The injured worker rated her pain as 7/10 with medications and 10/10 without medications, and reported pain was improved since her last visit. The injured worker reported activities of daily living were limited in the following areas: activity, ambulation, sleep, and sex. The injured worker reported current medications were helping with function. The injured worker reported the increased gabapentin helped. On physical examination of the lumbar, there was tenderness upon palpation in the spinal vertebral area L4-S1 levels with spasms. In the bilateral paraspinal musculature, the range of motion of the lumbar spine was moderately limited secondary to pain. The injured worker's treatment plan included a Toradol B12 injection, and a new TENS unit, and followup in 1 month. The injured worker's prior treatments included diagnostic imaging, medication management, and an epidural steroid injection. The injured worker's medication regimen: omeprazole, methocarbamol, Trixaicin, and gabapentin. The provider submitted a request for omeprazole, Trixaicin, and methocarbamol. A Request for Authorization was not provided for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole capsules 20mg day supply 30 quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

**Decision rationale:** The request for Omeprazole cap 20 mg day supply 30 quantity 30 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (1 year) which has been shown to increase the risk of hip fracture. The injured worker reports efficacy with the use of this medication. There is no indication that the use of omeprazole has resulted in functional improvement. In addition, the request does not indicate a frequency. Therefore, the request is not medically necessary.

**Methocarbamol tab 750mg day supply 20, quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol Page(s): 65.

**Decision rationale:** The request for Methocarbamol tab 750 mg day supply 20, quantity 60 is not medically necessary. The California MTUS guidelines state Methocarbamol is a muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Although the injured worker reports efficacy with the use of methocarbamol, there is no indication that the methocarbamol has resulted in functional improvement. In addition, the request for methocarbamol does not indicate a frequency. Therefore, the request for methocarbamol is not medically necessary.

**Trixaicin HP Cream 0.075% day supply 30, quantity 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Trixaicin HP Cream 0.075% day supply 30, quantity 120 is not medically necessary. The California MTUS guidelines indicate 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. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated that the injured worker was intolerant of other treatments. Moreover, capsaicin is recommended in the formulation of 0.025%. Trixaicin comes in the formulation of 0.075%, which is excessive. Additionally, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency. Therefore, the request for Trixaicin is not medically necessary.