

<b>Case Number:</b>	CM14-0087820		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; topical compounded medications; and unspecified amounts of extracorporeal shock wave therapy. In a Utilization Review Report dated May 20, 2014, the claims administrator failed to approve a request for omeprazole, topical compounded medications, and cyclobenzaprine. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 4, 2014, the applicant reported multifocal complaints of neck, low back, shoulder, wrist, and knee pain, 1-4/10. Limited cervical and lumbar ranges of motion were appreciated. The claimant was asked to remain off of work while physical therapy, manipulative therapy, and extracorporeal shock wave therapy were sought. Unspecified topical compounded medications were endorsed. The note was handwritten, sparse, and difficult to follow. The applicant was kept off of work, on total temporary disability, via another handwritten note dated March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia, in this case, however, the progress notes on file contained no explicit discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

**Flubi 20 percent/Trama 20 percent/Cyclo 4 percent cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 04/10/14) Compound drugs

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Gaba 10 percent/Amitrip 10 percent/Dextro 10 percent cream:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option, "using a short course of therapy." The 90-tablet supply of cyclobenzaprine furnished, however, implies chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's handwritten progress note did not contain much in the way of narrative commentary which would offset the unfavorable MTUS position on chronic usage of cyclobenzaprine. Therefore, the request is not medically necessary.