

<b>Case Number:</b>	CM15-0009513		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male who reported an injury on 05/28/2014 due to an unspecified mechanism of injury. On 11/20/2014, he presented for a followup evaluation regarding his work related injury. He reported low back pain and right leg pain. A physical examination showed extension to 10/25 degrees, flexion to 35/60 degrees, and the left and right lateral bending to 15/25 degrees. There was tenderness to palpation of the bilateral multifidus, L5-S1 spinous process, and bilateral sciatic notch. Lasegue's was positive in the right posterior calf, and there was associated guarding noted. He was diagnosed with HNP of the lumbar, probable radiculopathy of the lower extremities, and lower degenerative disc disease with a lumbar spinal strain. The treatment plan was for pantoprazole 20 mg quantity 60, and topical analgesics. The rationale for treatment was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg quantity 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI risks Page(s): 67-69.

**Decision rationale:** The California MTUS Guidelines indicate that pantoprazole is only recommended when there is documentation of dyspepsia secondary to NSAID use or for those at high risk for gastrointestinal events due to NSAID therapy. Based on the clinical documentation submitted for review, the injured worker was not noted to have dyspepsia, was not noted to be on NSAID therapy, and was not noted to be at high risk for gastrointestinal events due to NSAID therapy. Also, the frequency of the medication was not provided within the request and a clear rationale was not provided for the medical necessity of this medication. Therefore, the request is not supported. As such, the request is not medically necessary.

**Flurbiprofen 20%/Tramadol 20%, in Medi-derm base 30mg quantity 1.00:** 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): 111-114.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is stated that any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Topical gabapentin is not supported by the guidelines for use. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine and right leg; however, there is a lack of documentation showing that he has tried and failed all recommended conservative therapy options to support the request for a topical analgesic. Also, the frequency of the medication was not provided within the request, and there is a lack of evidence regarding his response to this medication in terms of pain relief and functional improvement. Therefore, the request is not supported. As such, the request is not medically necessary.

**Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%, in mediderm base 30mg quantity 1.00:** 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): 111-114.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is stated that any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Topical gabapentin is not supported by the guidelines for use. Based on the clinical documentation submitted for review, the injured worker

was noted to be symptomatic regarding the lumbar spine and right leg; however, there is a lack of documentation showing that he has tried and failed all recommended conservative therapy options to support the request for a topical analgesic. Also, the frequency of the medication was not provided within the request, and there is a lack of evidence regarding his response to this medication in terms of pain relief and functional improvement. Therefore, the request is not supported. Also, typical gabapentin is not recommended for use by the guidelines and, therefore, the compound cream contained in this product would not be supported. As such, the request is not medically necessary.