

<b>Case Number:</b>	CM15-0109634		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 64-year-old female, who sustained an industrial injury on 11/17/2014. She has reported subsequent low back and bilateral knee pain and was diagnosed with lumbar and bilateral knee sprain/strain. Treatment to date has included medication, application of ice, physical therapy and a home exercise program. In a progress note dated 04/29/2015, the injured worker complained of lumbar spine, bilateral knee and right ankle pain. Objective findings were notable for tenderness to palpation of the L3-S1 spinous processes and lumbar paravertebral muscles, anterior knee, lateral joint line, medial joint line, posterior left and right knees and anterior ankle, dorsal ankle and plantar heel on the right and muscle spasm of the lumbar paravertebral muscles. A request for authorization of Pantoprazole, Gabapentin/ Cyclobenzaprine/Bupivacaine in cream base retrospective on 4/29/2015 and Flurbiprofen/ Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin in cream base retrospective on 04/29/2015 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20 mg Qty 60 (retrospective between 4/29/15 and 4/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Proton pump inhibitors (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 76-79.

**Decision rationale:** CA MTUS Guidelines state that proton pump inhibitors (PPI) are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for GI events with NSAID use. In this case, the documentation available for review, there is no indication that the patient has dyspepsia or is at risk for GI events secondary to NSAID use. The patient also does not meet criteria for prophylactic use of a PPI. Therefore, this request is not medically necessary or appropriate.

**Compound medication (Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5% in cream base, 30 grams (retrospective between 4/29/15 and 4/29/15): 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:** CA MTUS states that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain. Any compounded product that contains at least one drug that is not recommended is not recommended. This compound contains Gabapentin and Cyclobenzaprine, both of which are not recommended by the guidelines. Therefore the request is not medically necessary or appropriate.

**Compound medication (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base) 30 grams (retrospective between 4/29/15 and 4/29/15): 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:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain. Any compounded product that contains at least one drug that is not recommended is not recommended. This product contains Baclofen, which is specifically not recommended. Therefore the request is not medically necessary or appropriate.