

<b>Case Number:</b>	CM15-0133343		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/30/2005
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, California

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:

This injured worker is a 58 year old female who reported an industrial injury on 6/30/2005. Her diagnoses, and or impression, were noted to include: end-stage osteoarthritis of the bilateral knees; and left > right patellofemoral syndrome. No current imaging studies were noted. Her treatments were noted to include medication management with toxicology screenings; and rest from work. The progress notes of 5/22/2015 reported presenting for a medication refill for continued complaints of moderate-severe, aching low back pain that radiated into her bilateral lower extremities, right > left, and that were aggravated by activities; and moderate-severe bilateral knee pain, left > right, and aggravated by activities. Objective findings were noted to include no acute distress; obesity; an antalgic gait with the use of a cane; tenderness over the midline-low back with both motor and sensory examinations that were limited by pain; mild swelling and tenderness over the entire knee, with painful and decreased range-of-motion. The physician's requests for treatments were noted to include Omeprazole for GI upset, and a Capsaicin compound cream to help decrease overall pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

**Tramadol/APAP 37.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12, 13, 83 and 113-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, it is not 1st line for knee pain or arthritis/ the claimant's pain persisted over time and there was only a small reduction in pain scores. Failure of Tylenol is not noted. The continued use of Tramadol as above is not medically necessary.

**Capsaicin Cream 0.05% and Cyclobenzaprine 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 of 127.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as are not recommended due to lack of evidence. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In addition, the claimant had been on other topical analgesics in the past. The claimant's use of oral analgesics use did not reduce. Since the compound above contains these topical medications, the compound in question is not medically necessary.