

<b>Case Number:</b>	CM15-0160907		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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:

The injured worker is a 47-year-old female, who sustained an industrial injury on 3-22-12. The injured worker has complaints of bilateral knee pain. The documentation noted left hand electromyography and nerve conduction velocity study showed carpal tunnel syndrome and left elbow was doing well. The lumbar spine pain is constant with occasional numbness right leg. The diagnoses have included bilateral knee osteoarthritis; left wrist strain with carpal tunnel syndrome and lumbar spine strain degenerative disc disease. Treatment to date has included Ultram; Naprosyn; Prilosec and topical cream. The request was for retrospective date of service 3-24-15 Prilosec and Omeprazole DR 20mg #30 and retrospective date of service 3-24-15 Cyclobenzaprine 10% Tramadol 10% topical cream 180gm tube. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS: 3.24.15 Prilosec/Omeprazole DR20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI  
Page(s): 68-69.

**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 antiplatelet use that would place the claimant at risk. The claimant had been on Naproxen for years which would increase the need for Omeprazole but there is no indication for chronic NSAID use. Therefore, the continued use of Omeprazole is not medically necessary.

**Retro DOS: 3.24.15 Cyclobenzaprine 10% Tramadol 10% topical cream 180gm tube:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Cyclobenzaprine are not recommended due to lack of evidence. There is also insufficient evidence for the use of topical Tramadol. In addition, the claimant was already on topical Tramadol. Since the compound above contains these topical medications, the compound in question is not medically necessary.