

<b>Case Number:</b>	CM15-0183710		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 56 year old male who sustained an industrial injury on July 25, 2011. A recent primary treating office visit dated September 03, 2015 reported subjective complaint of "left cervical, cervical, right cervical, right cervical dorsal, right posterior shoulder, right anterior shoulder, right anterior arm, upper thoracic, left cervical dorsal, left posterior shoulder, left lumbar, lumbar, left sacroiliac, right sacroiliac, right lumbar, right buttock and right pelvic pains." In addition, he complains of numbness and tingling to right anterior hand, left anterior hand, right posterior hand and left posterior hand; dizziness; anxiety; stress; insomnia. He "feels better with pain medication, rest and topical compound. The following noted prescribed this visit: Omeprazole, Tramadol, and Flurbiprofen compound lotion. On September 03, 2015 a request was made for Omeprazole 20mg #60 and Tramadol 100mg #30 and Flurbiprofen compound lotion which were noted with both noncertified and modification by Utilization Review on September 11, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg (quantity: 60) with no refills, as related to the cervical and lumbar spine injury: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI) prescribed for GI problems. PPIs should be used in patients taking NSAIDs who are at risk for GI events, including 1) age greater than 65; 2) history of peptic ulcer disease, GI hemorrhage or perforation; 3) concomitant use of ASA, corticosteroids or anticoagulants; 4) patients taking multiple/high dose NSAIDs. In this case, there is no documentation of a risk factor for a GI event. There is also no documentation of other diagnosis, such as dyspepsia, to support the use of a PPI. Therefore, the request is not medically necessary or appropriate.

**Tramadol 100mg (quantity: 30) with no refills, as related to the cervical and lumbar spine injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Tramadol is a centrally-acting synthetic opioid pain medication combined with acetaminophen. It is recommended for moderate-severe pain for short-term use. MTUS Guidelines for chronic use requires ongoing review and documentation of analgesia, functional status, adverse effects and appropriate medication usage. These criteria are not addressed in sufficient detail in the request. Therefore, the request is not medically necessary or appropriate.

**FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% 180 grams as related to the cervical and lumbar spine injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. A compounded product containing at least one drug (or drug class) that is not recommended is not recommended. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the request is for FCL cream, which contains Baclofen, Capsaicin, Menthol, Hyaluronic Acid, Camphor and Dexamethasone. Baclofen is a muscle relaxant that is specifically not recommended for topical use. Capsaicin is only recommended when other

therapies have failed and only at the strength of 0.025%, versus the 0.0375% in this product. There is no evidence-based literature supporting the use of Camphor and Menthol. Therefore, this request is not medically necessary or appropriate.