

<b>Case Number:</b>	CM15-0184265		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 34-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 22, 2014. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve requests for topical compounded agent and Prilosec apparently prescribed and/or dispensed on or around August 24, 2015. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant received a shoulder corticosteroid injection. Naprosyn, Prilosec, and topical compounded agent were endorsed, while the applicant was placed off of work, on total temporary disability. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. The applicant's GI systems was negative, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen compound cream (flurbiprofen 15% cyclobenzaprine 3% capsaicin .0375% menthol 2% camphor 1%)30mg and 120gm: 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:** No, the request for a Flurbiprofen/Cyclobenzaprine/capsaicin containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the secondary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were recommended, the entire compound was not recommended, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of first-line oral pharmaceuticals such as Naprosyn, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

**Prilosec 20mg #60:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the August 24, 2015 office visit at issue. The applicant's GI review of systems was "negative," it was reported on that date, seemingly arguing against the need for usage of Prilosec here. Therefore, the request was not medically necessary.