

<b>Case Number:</b>	CM15-0044010		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Florida  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old female, who sustained an industrial injury on 5/28/14. She reported pain in the shoulders, knees, elbows, back and mouth related to falling forward. The injured worker was diagnosed as having cervicalgia, lumbar sprain, bilateral shoulders sprain, bilateral elbow sprain, right knee derangement and left knee sprain. Treatment to date has included oral and topical pain medications. As of the PR2 dated 2/4/15, the injured worker reports pain in the lower back, elbows and knees. The treating physician noted tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. Also, tenderness to palpation of the posterior elbows and lateral knees. There was positive cervical spine compression test and tenderness of the cervical paraspinal muscles. The treating physician requested to continue oral and topical pain medications. A Utilization Review determination was rendered recommending non-certifications for Retrospective Pantoprazole 20mg #60, Naproxen 550mg #60, MPHCCI and NPCI creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Pantoprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2

Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs related gastrointestinal disease in the elderly and in patients with a history of co-existing gastrointestinal disease. The records indicate that the patient is 60 years old and within the group of high risk for NSAIDs induced gastritis. The patient is on chronic NSAIDs for the treatment of chronic musculoskeletal pain. The criteria for the use of Pantoprazole 20mg # 60 was met. The request is medically necessary.

**Retro MPHCC1 Flurbl 20%, Bac 5%, Dexa 2%, Ment 2% Carmp 2%, Capsai .025% cream base:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic product.

**Decision rationale:** The CA MTUS and the ODG recommend that compounded topical analgesic products can be utilized for the treatment of neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line Lidoderm have failed. The records did not show a diagnosis of neuropathic pain such as CRPS. The diagnoses was spine and multiple joints pain. The guidelines recommend that topical medications be utilized individually for better evaluation of efficacy. There is lack of guidelines or FDA support for the use of topical formulations of baclofen, menthol, camphor and dexamethazone for the treatment of chronic musculoskeletal pain. The criteria for the use of MPHCC1 Flurbiprofen 20% / Baclofem 5% / Dexamethasone 2% / Menthol 2% / Camphor 2% / Capsaicin 0.025% cream base 30g / 72 hours 210gm was not met. The request is not medically necessary.

**Retro 30g/72 hour supply given to patient from office, 210g thru mail #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Compound Product.

**Decision rationale:** The CA MTUS and the ODG recommend that compounded topical analgesic products can be utilized for the treatment of neuropathic pain when treatment with first line oral anticonvulsant / antidepressant medications and second line Lidoderm have failed. The records did not show a diagnosis of neuropathic pain such as CRPS or failure of treatment with oral formulation of first line medications. The diagnoses was spine and multiple joints pain. The guidelines recommend that topical medications be utilized individually for better evaluation of efficacy. There is lack of guidelines or FDA support for the use of topical formulations of gabapentin, amitriptyline and bupivacaine for the treatment of chronic musculoskeletal pain. The criteria for the use of NPC1 Gabapentin 10% / Amitriptyline 10% / Bupivacaine 5% cream base 30g / 72 hours 210gm was not met. The request is not medically necessary.

**Retro Naproxen 550mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the risk of cardiovascular, renal and gastrointestinal complications. There is documentation of compliance and efficacy with utilization of Naproxen. There is no documentation of adverse effect. The criteria for the use of Naproxen 550mg #60 was met. The request is medically necessary.