

<b>Case Number:</b>	CM15-0084274		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 50 year old male, who sustained an industrial injury on 02/06/2013. He reported injuries to his left hip, left leg, left knee, and left ankle after being run over by a loader machine. The injured worker is currently diagnosed as having lumbar disc disease, lumbar facet syndrome, status post open reduction and internal fixation of left hip, left knee sprain/strain, and left ankle sprain/strain. Treatment and diagnostics to date has included daily exercises and stretches, left lower extremity computed tomography scan, lumbar spine MRI, and medications. In a progress note dated 03/26/2015, the injured worker presented with complaints of pain in the lumbar spine, left knee, left leg, and left ankle, which he rated a 6/10 on a pain scale with medication. Objective findings include the injured worker's pain is unchanged since last visit and has diffuse lumbar Paraspinal muscle and facet tenderness noted. The treating physician reported requesting authorization for Protonix, Transdermal Creams, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #30:** 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 NSAIDs: GI symptoms and Cardiovascular Risk Page(s): 68 - 69.

**Decision rationale:** The patient is a 50 year old male who was run over by a loader machine on 02/06/2013. He had an open reduction and internal fixation of his left hip. On 03/26/2015, he had back, left knee, left ankle and left leg pain. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.

**Transdermal creams #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 Topical analgesics Page(s): 111 - 113.

**Decision rationale:** The patient is a 50 year old male who was run over by a loader machine on 02/06/2013. He had an open reduction and internal fixation of his left hip. On 03/26/2015, he had back, left knee, left ankle and left leg pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic is listed as transdermal creams. The only transdermal medication that is recommended under some circumstances (not always) is transdermal lidocaine, which is not a cream. Lidocaine cream 5% is not recommended. The transdermal creams requested are not medically necessary.

**Flexeril 10mg #90:** 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 Muscle Relaxants Page(s): 63 - 66.

**Decision rationale:** The patient is a 50 year old male who was run over by a loader machine on 02/06/2013. He had an open reduction and internal fixation of his left hip. On 03/26/2015, he had back, left knee, left ankle and left leg pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDs do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.