

<b>Case Number:</b>	CM14-0115848		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old female with a reported date of injury on 08/22/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar radiculopathy, anxiety, and gastroduodenal disorders. Her previous treatments were noted to include acupuncture and medications. The progress note dated 03/19/2014 revealed complaints of back, shoulder, and neck pain. The injured worker reported numbness and tingling to her hands and fingers and revealed there had been no significant improvement since the last examination. The physical examination to the lumbar spine revealed paravertebral muscle tenderness and spasm was present. The range of motion was decreased and the straight leg raise test was positive. Sensation was reduced in the bilateral L5 dermatomal distribution. Her medication regimen was noted to include Medrox pain relief ointment, apply to affected area twice a day; omeprazole DR 20 mg capsules, take 1 daily, quantity 30, refill 2; carisoprodol 350 mg tablets, take 1 twice a day, quantity 60, refill 2; and naproxen sodium 550 mg, take 1 tablet daily, quantity 60. The Request for Authorization form dated 03/19/2014 was for Medrox pain relief ointment, apply to affected area twice a day, refills x2; omeprazole DR 20 mg, take 1 daily, quantity 30, refills x2; carisoprodol 350 mg, take 1 twice daily, quantity 60, refills x2; and naproxen sodium 550 mg, take 1 twice a day, quantity 60; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The request for omeprazole DR 20 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines state physicians should determine if the patient is at risk for gastrointestinal events such as age over 65 years old; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is a lack of documentation regarding medication induced dyspepsia to warrant omeprazole. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Carisoprodol 350 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The request for carisoprodol 350 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The Guidelines do not recommend carisoprodol for long term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. There is a lack of documentation regarding efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Medroz Ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylate, Topical Capsaicin Page(s): 28, 105, 111.

**Decision rationale:** The request for Medrox ointment is not medically necessary. Medrox ointment consists of methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely

experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally, it indicates that topical salicylates are approved for chronic pain. The Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and capsaicin 0.0375% is not recommended over the 0.025% formulation and therefore is not appropriate. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.