

<b>Case Number:</b>	CM15-0114131		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old male who sustained an industrial injury on 08/08/08. Initial complaints and mechanism of injury are not available. Current diagnoses include right shoulder rotator cuff tear, sleep apnea, bilateral carpal tunnel syndrome, cervical strain, psyche, and sexual dysfunction. Treatments to date include medication and psychological treatment. In a progress note dated 04/01/15 the treating provider reports the plan of care as medications including ibuprofen, Prilosec, and Avalin patch, as well as a dental evaluation, follow up with urologist and psychologist, and physical therapy to the bilateral shoulders. The requested treatments include medications including Prilosec and Avalin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

**Decision rationale:** In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Given this, this request is not medically necessary.

**Avalin Patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Biofreeze and Cryotherapy gel.

**Decision rationale:** Avalin is a topical patch with active ingredients of lidocaine and menthol. The CPMTG states that in order for a compounded topical to be recommended, all components must be recommended. Regarding the component of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that menthol is recommended only for acute low back pain. This is found in the ODG under the Biofreeze entry. This worker has documentation of chronic low back pain. As such, the currently requested topical formulation which contains menthol is not medically necessary.