

Case Number:	CM15-0128948		
Date Assigned:	07/15/2015	Date of Injury:	11/01/2010
Decision Date:	08/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts

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 53 year old female, who sustained an industrial injury on 11/01/2010. Diagnoses include arthrofibrosis status post left knee replacement. Treatment to date has included multiple surgeries on the bilateral knees as well as conservative care including physical therapy and oral and topical medications. Per the Orthopedic Evaluation dated 11/14/2014, the injured worker presented for follow-up visit. She is three months status post left total knee replacement. She claims that physical therapy is not improving her range of motion. She has been authorized for manipulation under anesthesia and lysis of adhesions. Physical examination revealed hip flexion 100 degrees bilaterally, hip extension 30 degrees bilaterally, hip internal rotation 20 degrees bilaterally, hip external rotation 30 degrees bilaterally, hip abduction 25 degrees bilaterally, hip adduction 15 degrees bilaterally, knee flexion 130 degrees bilaterally, knee extension 0 degrees bilaterally, ankle dorsiflexion 20 degrees bilaterally and ankle plantar flexion was 40 degrees bilaterally. The plan of care included physical therapy, manipulation under anesthesia and medications. Authorization was requested for omeprazole 20mg #60, and topical analgesic cream Tramadol 20%/Cyclobenzaprine 20% / Flurbiprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60, 1 every 12 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury November 2010 and continues to be treated for knee pain. The claimant has a history of gastroesophageal reflux disease attributed to prior therapy with ibuprofen and was taking omeprazole. Treatments have included multiple bilateral knee surgeries. When seen, she was having severe lower extremity dysesthesias and pain and difficulty sleeping. Pain was rated at 8/10. There was lumbar paraspinal muscle and facet tenderness. There was bilateral sacroiliac joint tenderness. There was decreased left knee range of motion and lower extremity dysesthesias. Lyrica, Norco, omeprazole, and topical compounded analgesic cream was prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not currently being prescribed an oral NSAID. The continued prescribing of omeprazole was not medically necessary.

Topical analgesic creams: Tramadol 20%, Cyclobenzaprine 20%, Flurbiprofen 20%:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury November 2010 and continues to be treated for knee pain. The claimant has a history of gastroesophageal reflux disease attributed to prior therapy with ibuprofen and was taking omeprazole. Treatments have included multiple bilateral knee surgeries. When seen, she was having severe lower extremity dysesthesias and pain and difficulty sleeping. Pain was rated at 8/10. There was lumbar paraspinal muscle and facet tenderness. There was bilateral sacroiliac joint tenderness. There was decreased left knee range of motion and lower extremity dysesthesias. Lyrica, Norco, omeprazole, and topical compounded analgesic cream was prescribed. In terms of the compounded medication being prescribed, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit

is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The requested compounded medication was not medically necessary.