

<b>Case Number:</b>	CM15-0171406		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on April 17, 2014. The medical records indicate that the injured worker is undergoing treatment for a lumbar sprain-strain, unspecified thoracolumbar neuritis, lumbar radiculitis and lumbago. The injured worker was temporarily totally disabled. Current documentation dated August 4, 2015 notes that the injured worker was seen for back pain. Subjective and objective findings state that the injured workers condition and examination were unchanged from the prior visit. Documentation dated July 7, 2015 and June 2, 2015 do not provide specific objective physical findings. Treatment and evaluation to date has included medications, electrodiagnostic studies, urine toxicology screening, MRI of the lumbar spine, epidural steroid injections, physical therapy and facet blocks. The injured worker was noted to have failed physical therapy. Current medications include Tramadol HCL, Voltaren XR, Omeprazole DR (since at least June Of 2015) and topical creams including Cyclobenzaprine 10%-Lidocaine 2% cream. Current requested treatments include Omeprazole DR (Prilosec) 20 mg # 30 and Cyclobenzaprine 10%-Lidocaine 2%, 150 grams. The Utilization Review dated August 17, 2015 non-certified the requests for Omeprazole DR (Prilosec) 20 mg # 30 and Cyclobenzaprine 10%-Lidocaine 2%, 150 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR (Prilosec) 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Justification for continued NSAID use along with opioids and without pain scores is not provided. Therefore, the continued use of Omeprazole is not medically necessary.

**Cyclobenzaprine 10%, Lidocaine 2% 150g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine not recommended due to lack of evidence. In this case, the claimant remained on oral opioids and NSAIDs. The Cyclobenzaprine was prescribed with other topical analgesics. Topical Lidocaine is indicated for diabetic and herpetic neuropathy. Since the compound above contains these topical medications, the Cyclobenzaprine 10%, Lidocaine 2% is not medically necessary.