

Case Number:	CM15-0172104		
Date Assigned:	09/14/2015	Date of Injury:	09/06/2001
Decision Date:	10/13/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 was a 58 year old female, who sustained an industrial injury, September 6, 2001. According to progress note of July 20, 2015, the injured worker's chief complaint was having difficulty with sleeping because of aching in the knee which was not unusual. The injured worker fell at home after the last appointment, landing on the right knee. There was increased pain in the left knee since the fall. The physical exam noted the injured worker walked with an antalgic gait. The right knee patellar tracking was abnormal. The patellar grind was positive. There was tenderness over the medial aspect of the right knee. There was full range of motion to the right knees. The right Achilles and knee jerk reflexes were 2. There was diffuse tenderness along the medial and lateral aspect of the tibia. The posterior popliteal and hamstring area was slightly tender without significant swelling. There was decreased range of motion with flexion of the right knee. The injured worker was undergoing treatment for carpal tunnel syndrome, right knee chondromalacia patella, status post right knee surgery on February 25, 2008, cervical sprain, lumbar sprain, status post left knee total arthroplasty, ring and long trigger finger, left worse than the right. The injured worker previously received the following treatments random toxicology laboratory studies on June 26, 2015, Tylenol with codeine and Anaprox, Lunesta for sleep and Tizanidine for muscle spasms and transdermal creams; left total knee replacement and Synvisc injections. The RFA (request for authorization) dated August 17, 2015, the following treatments were requested prescriptions for Prilosec 20mg # 60, Lunesta 3mg #30 and compound cream of Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% and Lidocaine 5%. The UR (utilization review board) denied certification on August 22, 2015: For Prilosec due

to the guidelines for usage was not met. The Lunesta was denied due to recommendations suggest be used only for three weeks in the first two months of the injury only and use during the chronic phase was discouraged. The compound cream was denied due to, one of the drugs were not recommended as well as not supported ingredients contained in this topical formulation, therefore was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 200mg #60: 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, Prilosec 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. Furthermore, the continued use of Ibuprofen the claimant is using is not justified. Therefore, the continued use of Prilosec is not medically necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Eszopicolone (Lunesta). 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter/insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant was on Lunesta for several months. The sleep disturbance etiology is unknown. Long-term use is not recommended. Failure of behavioral interventions is unknown. The continued use of Lunesta is not medically necessary.

**Flurbiprofen 20%/Baclofen 2%/Cyclobenzaprine 2% Gabapentin 6%/Lidocaine 5%
180gm:** 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 and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant remained on oral opioids, NSAIDS and muscle relaxants. There was no indication for duplicating content in topical medication with oral medications. Since the compound above contains these topical medications, the compound in question is not medically necessary.