

<b>Case Number:</b>	CM15-0175705		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, North Carolina  
 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 43 year old female, who sustained an industrial injury on 3-28-14. The injured worker has complaints of pain in her right low back with radiation to the buttock and posterior thigh. There is positive straight leg raise, and some mild weakness of the extensor hallucis longus. She has improved tenderness in the trochanteric bursa region. Magnetic resonance imaging (MRI) of the hip revealed mild tendinosis in the right gluteal medius muscle. Magnetic resonance imaging (MRI) of the lumbar spine on 7-13-15 showed small posterior disc protrusions, L3-4 and L4-5, the L3-4 protrusion appears slightly larger than seen on previous examination of 8-27-14; there is no segmental stenosis, foraminal encroachment or lateral recess compromise and there is minimal facet joint degeneration demonstrated at the lower lumbar levels. Magnetic resonance imaging (MRI) of the lower extremity on 4-7-15 showed mild tendinosis at the attachment of the right gluteus medius muscle to the greater trochanter and right hip is otherwise unremarkable. Electromyography/nerve conduction study from March 2015 did not show any evidence of lumbosacral radiculopathy. The diagnoses have included lumbago. Treatment to date has included trochanteric bursa injection with fairly good relief of pain; chiropractor treatments; per the 6-22-15 noted the injured worker has had 20 visits of physical therapy; anti-inflammatory; omeprazole; gabapentin; cyclobenzaprine; lidopro cream and narcotic medications. The original utilization review (8-27-15) non-certified the request for omeprazole 20mg #60; cyclobenzaprine 7.5mg #90 and LidoPro cream 121grams. Several documents within the submitted medical records are difficult to decipher.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg #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:** This is a 43 year-old patient with chronic low back pain who is taking an NSAID. The request is for Omeprazole to treat GI side effects. In this case, a review of the medical records does not indicate that the patient is at risk for a GI event secondary to NSAIDs. Risk factors include age over 65 years; history of PUD, GI hemorrhage or perforation; use of ASA, corticosteroids or anticoagulants; and high dose/multiple NSAIDs. The patient does not have any of these risk factors and therefore the Omeprazole is not medically necessary or appropriate.

### **Cyclobenzaprine 7.5mg #90:** 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): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

**Decision rationale:** CA MTUS states that Cyclobenzaprine (Flexeril) is a muscle relaxant recommended for short course therapy. Limited, mixed evidence does not allow for recommendation for chronic use. In this case the Flexeril is being prescribed for chronic use. MTUS does not recommend long-term use of muscle relaxants and recommends using it for 3-4 days for acute muscle spasm and no more than 2-3 weeks total. The medical records do not demonstrate any specific benefit or specific medical need for Flexeril. There is no acute exacerbation of back pain documented. Therefore the request is not medically necessary or appropriate.

### **Lidopro cream 121 gm:** 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:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to

support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the request is for LidoPro, which contains Capsaicin 0.0375%, Lidocaine 4%, Menthol and Methyl Salicylate. Lidocaine is specifically not recommended in any formulation other than the Lidoderm patch. In addition the Capsaicin strength exceeds the recommended 0.025% strength. Therefore the request is not medically necessary or appropriate.