

<b>Case Number:</b>	CM15-0061515		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 61 year old male, who sustained an industrial injury on 1/18/14. The injured worker was diagnosed as having cervical strain/sprain, cervical intervertebral disc displacement without myelopathy, brachial neuritis, lumbar sprain/strain, peri-arthritis of shoulder and sprain of knee and leg. Treatment to date has included oral medications and topical medications. Currently, the injured worker complains of left anterior knee, right anterior shoulder, left anterior shoulder, left cervical, right cervical left lumbar, right lumbar, lower thoracic, mid thoracic and upper thoracic pain. He states his pain is noticeable 70% of the time and he feels better with rest, topical compound and pain medications. Upon physical exam, decreased range of motion is noted in cervical region, bilateral shoulders, lumbar area and right and left knee. The treatment plan included topical creams, oral medications and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical creams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. This request did not specify which medications and doses were included in the topical compound. Further, the submitted and reviewed documentation did not include a discussion detailing special circumstances that would support the use of a compound product in this setting. In the absence of such evidence, the current request for an indefinite amount of an unspecified topical cream is not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing numbness and tingling involving the limbs; pain in the knees, shoulders, and throughout the back; problems sleeping; and anxious mood. There was no suggestion the worker had any of the above conditions. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of omeprazole 20mg is not medically necessary.