

<b>Case Number:</b>	CM15-0076295		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on 9/14/2010. Diagnoses include cervical disc syndrome, rupture or herniation of lumbar disc, right knee ACL sprain, and degenerative joint disease/osteoarthritis of the knee, tear of medial cartilage meniscus of the knee and 2cm tear of the central portion of the supraspinatus tendon left shoulder. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, acupuncture and physical therapy. Per the Worker's Compensation Reevaluation Report dated 3/17/2015, the injured worker reported flare up of both shoulders pain (5/10), lower back pain (4/10) and both knees pain (5-6/10) which are no change since last visit. He stated that physiotherapy made the pain worse. Physical examination revealed moderate tenderness at the level of L4 and L5. The plan of care included: referral to a spine surgeon, follow up care and medications and authorization was requested for Prilosec, compound pain cream, and Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant use of Prilosec. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Prilosec being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore the request cannot be considered medically necessary given the provided information at this time.

**Pain Cream (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%) #1 bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 113.

**Decision rationale:** The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that Baclofen is not recommended as a topical product, and as Baclofen is not recommended by the MTUS, the request for the compound containing Baclofen cannot be considered medically necessary at this time