

<b>Case Number:</b>	CM15-0077997		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/01/2007
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: North Carolina, Georgia  
 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 53 year old female, who sustained an industrial injury on September 1, 2007. She reported bilateral knee pain. The injured worker was diagnosed as having, osteoarthritis of the knees, bilateral knee joint pain and status post bilateral knee surgeries. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions on bilateral knees, steroid injections in the knee, physical therapy, medications and work restrictions. Currently, the injured worker complains of bilateral knee pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 6, 2015, revealed continued pain as noted. Compound medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oral compound medication (Omeprazole 20mg, Flurbiprofen Powder, Methylcellulose Powder), #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

**Decision rationale:** CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for compounded omeprazole/flurbiprofen/methylcellulose does not clearly specify dosage nor does the record contain any indication of trials of alternate doses of medication. There is no documentation of rationale for inclusion of the omeprazole component (CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events.) The request for compound product is not medically necessary.

**Oral compound medication (Gabapentin Powder, Methylcellulose Powder, Pyridoxine Powder HCl), #120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, B vitamins.

**Decision rationale:** CA MTUS guidelines state that compounded medications which contain any non recommended components are not indicated. While CA MTUS does not directly address the use of B vitamins such as pyridoxine, ODG does address their use on the section on Pain and states that B vitamins are not recommended for the treatment of pain. As the pyridoxine component is not recommended for use, the compound gabapentin/methylcellulose/pyridoxine is not medically indicated. Therefore, the requested treatment is not medically necessary.