

Case Number:	CM13-0010021		
Date Assigned:	03/26/2014	Date of Injury:	06/21/1999
Decision Date:	04/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is represented [REDACTED] employee who filed a claim for chronic low back, anxiety, depression, and diabetes reportedly associated with an industrial injury of June 21, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; and the apparent imposition of permanent work restrictions. The applicant does not appear to have returned to work with permanent restrictions in place. In a utilization review report of July 17, 2013, the claims administrator approved a request for Cartivisc, while denying Naprosyn, omeprazole, and several topical compounds. The applicant's attorney subsequently appealed. In a clinical progress note of January 15, 2014, the applicant presents with chronic low back pain, 5/10. The applicant was having significant stomach irritation and was told to discontinue Naprosyn. The applicant's diagnoses included chronic low back pain, chronic spinal pain, anxiety, depression, and diabetes. A gym membership and transdermal medications were sought, along with prescription for Celebrex, Prilosec, tramadol, and numerous topical compounds. Permanent restrictions and massage therapy were again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO OMEPRAZOLE 20MG #100 J8499: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, introduction of proton pump inhibitors such as omeprazole is an appropriate option to combat NSAID-induced dyspepsia. In this case, the applicant is in fact suffering from issues with Naprosyn-induced dyspepsia. Introduction of Omeprazole, a proton-pump inhibitor, to combat the same was indicated and appropriate. The retrospective request for Omeprazole 20 mg # 100 is medically necessary and appropriate.

RETRO FLURBIPROFEN/CYCLOBENZAPRINE 15/10 PERCENT CREAM 180GM #1 J8499: 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.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxant such as Cyclobenzaprine are specifically not recommended for topical compound formulation purposes, resulting in the entire compound's carrying an unfavorable recommendation. The retrospective request for Flurbiprofen/Cyclobenzaprine cream 15/10 percent cream 180 gm # 1 is not medically necessary and appropriate.

NAPROXEN 550MG #100 J8499: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, discontinuation of the offending NSAID is an appropriate response to applicants who developed dyspepsia while on the same. In this case, the attending provider and applicant eventually reached the same conclusion as the utilization reviewer. Naprosyn was ultimately discontinued as the applicant's symptoms of stomach irritation and dyspepsia became overpowering while on Naprosyn. Discontinuing Naprosyn was/is an appropriate option, in the face of the applicant's ongoing issues of dyspepsia and stomach irritation. Therefore, the request is not certified, on independent medical review.

RETRO TRAMADO/GABAPENTIN/MENTHOL/CAMPHOR/CAPSAICIN 8/10/2 .05 PERCENT CREAM 180GM #1: 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 NSAIDs and GI Symptoms topic. Page(s): 69.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is specifically not recommended for topical compound formulation purposes, resulting in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise retrospectively not certified, on independent medical review.