

Case Number:	CM13-0026297		
Date Assigned:	06/27/2014	Date of Injury:	06/14/2007
Decision Date:	08/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 a represented [REDACTED] employee who has filed a claim for chronic knee, ankle, and low back pain reportedly associated with an industrial injury of June 14, 2007. Thusfar, the applicant has been treated with the following: Analgesic medications; attorney representation; an ankle foot orthotic; a cane; and a neuromuscular stimulator. In a Utilization Review Report dated September 9, 2013, the claims administrator denied a request for several topical compounded drugs. The claims administrator also failed to approve prescriptions for Valium and Prilosec. In a September 6, 2012 progress note, the applicant was described using Neurontin, Protonix, Valium, aspirin, and a topical compounded drug. The applicant reported pain ranging from 6/10 to 10/10. The applicant's work status was not clearly outlined on this occasion, although it did not appear that the applicant was working. On September 5, 2013, the applicant was described as having persistent hip, foot, ankle, and low back pain. The applicant was using Prilosec for gastrointestinal symptoms secondary to medications, it was stated. The applicant's ability to move around the house had apparently been improved with medications, the applicant posited. The applicant was using Neurontin, Valium, Prilosec, aspirin, and a topical compound, it was stated. The applicant was asked to continue home exercises. On April 2, 2013, the applicant's treating provider stated that the applicant would continue Prilosec for gastrointestinal symptoms generated by medication usage and further noted that the applicant was averaging 15 tablets of Valium for intermittent use as opposed to daily use. The attending provider stated that the applicant was using Valium on a p.r.n. basis for anxiety and found to be helpful intermittently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 20%/Amitriptyline 10% Compound Rub 120 gm quantity 1: 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 Topical Analgesics topic Page(s): 111-113.

Decision rationale: As noted on page 111 of the MTUS Chronic Medical Treatment Guidelines, analgesics and topical compounds, as a class, are largely experimental and are primarily recommended for neuropathic pain when antidepressants and/or anticonvulsants have failed. In this case, however, the applicant's ongoing usage of oral Neurontin, an anticonvulsant adjuvant medication, effectively obviates the need for the largely experimental topical compounded rub. Therefore, the request is not medically necessary.

Valium 5 mg as needed quantity 15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Valium may be appropriate for brief periods in cases of overwhelming symptoms so as to afford an applicant the ability to achieve a brief alleviation of symptoms so as to recoup emotional or physical resource. In this case, the attending provider has posited that the applicant is using Valium sparingly, for symptoms of anxiety if and when they arise. Valium is tepidly endorsed for this purpose, per ACOEM, and has, per the attending provider, been effective in the same. Therefore, the request is medically necessary.

Prilosec 20 mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risks topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS: Chronic Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, the applicant is reporting medication-induced dyspepsia versus stand-alone dyspepsia. By analogy, then, ongoing usage of Prilosec is indicated to combat the same. Therefore, the request is medically necessary.

