

Case Number:	CM13-0028510		
Date Assigned:	11/27/2013	Date of Injury:	12/29/2008
Decision Date:	01/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice Texas. 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 physician 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 patient is a 50 year old female who reported an injury on 12/29/2008. The mechanism of injury was pulling out a stuck cash box from her bus. The most recent clinical note dated 09/10/2013 reported the patient's pain level has increased since her previous visit. She continued to use the TENS nightly. The patient complained of stomach problems. An unofficial CT scan of abdomen revealed there was inflammation to lower intestines and gallstones were present. The patient's medication regimen included Norco 10/325mg 1 tablet every 4 hours as needed for pain, Flector 1.3% patch 1 patch to skin daily as needed, Iron 325mg 1 tablet daily, Neurontin 300 mg 1 capsule twice daily, Prilosec DR 20 mg 1 capsule twice daily, Voltaren 1% gel, Doc q late 100mg 1 tablet twice daily, and Prochlorperazine 10 mg 1 tablet every 4-6 hours as needed for nausea. Upon physical assessment, there was restricted range of motion to cervical spine with extension limited to 30 degrees, lateral rotation to the left limited to 50 degrees, and 50 degrees to the right but normal flexion. Bicep, triceps, and brachioradialis reflex was 2/4 bilaterally, and light touch sensation was decreased over C5 dermatome distribution on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector[®] patch (diclofenac epolamine).

Decision rationale: California MTUS states the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Per Official Disability Guidelines, the requested medication is an NSAID that is generally indicated when the patient is unable to tolerate an oral NSAID. There is no clinical evidence of the patient's intolerance to oral NSAIDs provided in the medical record to meet guideline indications. Therefore the Flector 1.3% is not proven to be medically necessary. As such, the request for Flector 1.3% #30 with 3 refills is non-certified.

Iron 325mg tablets (65mg iron) #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, Iron

Decision rationale: California MTUS, ACOEM, and Official Disability Guidelines do not address Iron supplements. Medline Plus states your body needs the right amount of iron. If you have too little iron, you may develop iron deficiency anemia. Too much iron can damage your body. There is no clinical documentation provided in the medical record of the patient having any iron deficiency, or general need for iron supplementation. As such the request for Iron 325mg tablets (65mg iron) #30 is non-certified.

Prilosec DR 20mg capsule #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS states that Proton pump inhibitors are generally indicated when a patient has been determined to be at risk for gastrointestinal events with NSAIDs. The patient is not noted to be taking any oral NSAIDs at the time of the request. There is also insufficient clinical documentation to indicate the patient has a need for a proton pump inhibitor at this time as there is a lack of risk factors indicating the patient is at risk for gastrointestinal events. As such, the request for Prilosec DR 20mg capsule #120 is non-certified.