MAXIMUS Federal Services

| Case Number: | CM13-0030623 | | |
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| Date Assigned: | 03/03/2014 | Date of Injury: | 09/07/2011 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

## 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 46-year-old female presenting with chronic pain following a series of workrelated injuries from March 1, 2007 2 January 27, 2012. The claimant was diagnosed with chronic cervical strain, chronic lumbar strain, left scaphoid fracture, nonunion with collapse, chronic bilateral wrist sprain, anxiety and depression, and industrial causation deferred, gastric issues, and industrial causation deferred. The claimant complains of pain with limited range of motion in the left breast. She had been using Theraflex cream to help alleviate her pain. The claimant reports using the cream because of gastrointestinal upset with all non-steroidal antiinflammatory drugs (NSAIDs) as well as narcotic analgesics. Her medications include Anaprox and Prilosec. The claimant has also been using biotherapy topical cream. The claimant rates her pain as 8 out of 10-4 out of 10 after medications. The physical exam was significant for left wrist tenderness to palpation along the radial aspect as well as mild snuffbox tenderness. The claimant was made for Prilosec and Theraflex.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Food and Drug Administration (FDA)-Prilosec

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs), Page(s): 67.

**Decision rationale:** The CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on non-steroidal anti-inflammatory drugs (NSAIDs). Per MTUS guidelines, long term use of PPI, misoprostol or Cox-2 selective agents have been shown to increase the risk of hip fractures. The CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible gastrointestinal effects of another line of agent should be used for example acetaminophen. There is no documentation of gastrointestinal disorder requiring PPI or the use of NSAID associated gastrointestinal disorder. As such, the request for Prilosec is not medically necessary and appropriate.

**THERAFLEX CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter- Herbal medicines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The Ca MTUS states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or Anti-epileptic drugs (AEDs)). Only Food and Drug Administration (FDA)-approved products are currently recommended. For non-neuropathic pain: topical analgesic is not recommended." In this case, there was no documentation that the claimant failed or could not tolerate first line therapy. The request for Theraflex cream is not in accordance with the MTUS guidelines. As such, the request is not medically necessary.