

Case Number:	CM13-0035076		
Date Assigned:	03/28/2014	Date of Injury:	03/16/2012
Decision Date:	04/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and topical compounds. In a Utilization Review Report of October 7, 2013, the claims administrator partially certified a month-supply of omeprazole and denied a request for Medrox lotion. The partial certification was apparently based on "giving the applicant the benefit of the doubt." In a January 9, 2013 progress note, the applicant was described as having ongoing issues with neck pain, low back pain, abdominal pain, reflux, depression, anxiety, and insomnia. The applicant underwent piriformis injection therapy on that date. In an October 22, 2013 progress note, the applicant was given a 22% whole person impairment rating and permanent work restrictions. The applicant was described as not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60, TAKE BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS..

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-

induced dyspepsia. In this case, the applicant is having ongoing issues with dyspepsia, reflux, and heartburn. Ongoing usage of a proton pump inhibitor, Prilosec, is indicated to combat the same. Accordingly, the request is certified, on Independent Medical Review

MEDROX LOTION 120GM, 4OZ BOTTLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Medrox which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request is not certified, on Independent Medical Review.