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| Case Number: | CM13-0039452 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 05/28/2009 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 Internal Medicine and Cardiology and is licensed to practice in 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 49-year-old female who reported an injury on 05/28/2009. The mechanism of injury was a motor vehicle accident when the patient's car flipped over. The most recent clinical note dated 08/16/2013 reports that the patient continues to have difficulties with the left side of her neck, left upper extremity, and left shoulder. Examination of the cervical spine, according to the clinical note dated 08/16/2013, revealed pain, tenderness, and discomfort in the paracervical musculature. The patient continued to have mildly positive head compression signs. The patient was diagnosed with cervical sprain or strain syndrome with C5-6 discopathy and left-sided radiculopathy, left shoulder impingement syndrome, left shoulder tendinosis, and right knee contusion with chondromalacia. The patient was also diagnosed with gastrointestinal disorder and sleep disturbance. The patient will continue to work with restrictions of moderate lifting of 15 pounds to 50 pounds, light bending and stooping of up to 6 times per hour, no climbing of vertical ladders and ramps, and no squatting or kneeling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment 120gm: 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 section on Topical Analgesics Page(s): s 111-113.

Decision rationale: Per the MTUS Chronic Pain Guidelines, topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS Chronic Pain Guidelines also state that any compounded product that contains at least 1 drug that is not recommended is not recommended. The requested medication, Medrox, does contain capsaicin, which is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is no objective clinical documentation provided in the medical record suggesting that the patient has had any failed attempts at use of antidepressants or anticonvulsants for treatment of her pain, and there is no documentation provided that the patient has been intolerant to any other form of treatment attempted. Therefore, the medical necessity for Medrox ointment 120 grams cannot be proven at this time, and the request is not medically necessary and appropriate.

Omeprazole 20mg #100 one b.i.d. p.r.n: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS, GI Symptoms & Cardiovascular risk Page(s): s 68-69.

Decision rationale: Although there is mention of the patient having a diagnosis of gastrointestinal disorder, there is no clinical information provided in the medical records that demonstrates or suggests the patient does, in fact, have gastrointestinal issues. Per the MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events if they are over the age of 65, have a history of peptic ulcers, GI bleeds, or perforation, and if the patient is on concurrent use of aspirin or corticosteroids or an anticoagulant. There is no documentation submitted in the medical record to suggest that the patient has a history of the peptic ulcer or GI bleed or perforation, or if the patient is taking any aspirin or corticosteroid therapies or anticoagulants. As such, the request is not medically necessary and appropriate.