

<b>Case Number:</b>	CM13-0045507		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 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 patient is an employee of [REDACTED] and has filed a claim for spondylolisthesis associated with an industrial injury date of February 1, 2012. Treatment to date has included physical therapy and medications. Medical records from 2012 through 2013 were reviewed. The most recent progress notes in the documentation are handwritten and mostly illegible. The patient is noted to complain of neck pain rated at 5/10 and back pain rated at 7/10. Utilization review from October 1, 2013 denied the request for Prilosec due to unclear symptomatology and history of treatment for GERD and Medrox due to no indication for use in this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG ONE (1) DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and (GI) Gastrointestinal symptoms.

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

**Decision rationale:** As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been using Prilosec since January 2013.

However, recent progress notes do not indicate complaints of GI upset. It is also unclear what medications the patient is currently taking. Therefore, the request for Prilosec is not medically necessary.

**MEDROX PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

**MAXIMUS 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; Salicylate Topicals.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox contains Methyl salicylate/capsaicin 0.0375%/Menthol. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may, in rare instances, cause serious burns. The guidelines do not address camphor however, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the patient has been using Medrox patches since January 2013. However, the active components in this medication are not recommended by guidelines. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Medrox patches is not medically necessary.