

<b>Case Number:</b>	CM13-0045790		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 42-year-old female who reported a work-related injury on 03/16/2005, as a result of strain to the lumbar spine. A clinical note, dated 10/16/2013 reports that the patient was seen in clinic under the care of [REDACTED]. The provider documents upon physical exam of the patient, she is exquisitely tender over the lumbar paraspinals. The muscles are hardened unquestionable. The provider documents that the patient has limitation of forward bending to 60 degrees and extension to 20 degrees. The provider documents that the patient could barely move beyond neutral. The provider documented that straight leg raising caused the patient to be in pain. The provider documents that the patient presents with moderate to moderately large lumbar disc herniation with chronic severe pain syndrome and numerous complaints of bodily perception abnormalities and interpretations of her bodily function. The provider documented refills of the patient's Demerol and codeine tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg:** Upheld

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

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for this review showed evidence that the patient had complaints of nausea on previous notes, with the utilization of multiple opioids. However, documentation of the patient's reports of efficacy with the utilization of Prilosec for any specific gastrointestinal complaints was not evidenced. The Chronic Pain Guidelines support the use of Prilosec with patients who present with gastrointestinal symptomatology; however, given all the above, the request for Prilosec 20 mg is not medically necessary or appropriate.

**Flector patch every twelve (12) hours:** Upheld

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

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to show evidence of the patient's duration of use, frequency of use, or efficacy of use with the utilization of a Flector patch for her chronic pain complaints. The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The clinical notes did not indicate the patient's average rate of pain on a visual analog scale (VAS), or an increase in objective functionality as a result of utilizing the Flector patch. Given the lack of documented efficacy, the request for one (1) Flector patch, every twelve (12) hours is not medically necessary or appropriate.