

Case Number:	CM13-0050132		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2008
Decision Date:	03/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain, psychological stress, anxiety, depression, major depressive disorder, and insomnia, reportedly associated with cumulative trauma at work, first claimed on May 1, 2008. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; a lumbar radiofrequency rhizotomy procedure; transcutaneous electrotherapy device; extensive periods of time off of work from a psychological perspective; and subsequent imposition of work restrictions. It does appear that the applicant later returned to work with said limitations in place. In a utilization review report of October 23, 2013, the claims administrator certified a follow-up visit, denied a request for Relafen, denied a request for Prilosec, and denied a request for topical Dendracin lotion. The applicant's attorney subsequently appealed. An earlier note of October 8, 2013 is somewhat difficult to follow and notable for ongoing complaints of low back, knee, and shoulder pain. The patient does have shoulder arthritis and tendinitis. Knee tenderness and crepitation are also appreciated with tenderness about the medial joint line. The patient has returned to modified duty work with restrictions in place. Prilosec, Relafen, and Dendracin are endorsed. An earlier note of August 27, 2013, also handwritten and somewhat difficult to follow, again seemingly suggests that the applicant has in fact returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500 mg #45: Overturned

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 Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti inflammatory medication such as Relafen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back and knee pain reportedly present here. In this case, there was some evidence of ongoing functional improvement, which did justify ongoing Relafen usage as evinced by the applicant's successful return to modified duty work. Continuing Relafen in the face of the applicant's achieving and/or maintaining successful return to work was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified.

Prilosec 20 mg #30: 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 Page(s): 68.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the handwritten and not entirely legible documentation does not establish the presence of any active signs or symptoms of dyspepsia, either NSAID-induced or standalone, for which ongoing Prilosec usage would be indicated. It is further noted that the applicant does not meet criteria for prophylactic usage of proton pump inhibitors. Some of the criteria for prophylactic usage of proton pump inhibitors includes evidence that an applicant has a history of peptic ulcer disease and/or GI bleeding; age greater than 65 years; and/or concurrent usage of multiple NSAIDs or NSAIDs in conjunction of corticosteroids. In this case, however, none of the aforementioned criteria were met. The applicant has no clearly documented or described history of peptic ulcer disease or GI bleeding for which prophylactic usage of proton pump inhibitors would be indicated. The applicant is only using one NSAID, Relafen. The applicant is not using corticosteroids. Finally, the applicant is 59 years of age ([REDACTED]). Prophylactic usage of Prilosec is not indicated in the face of the applicant's lack of gastrointestinal risk factors. Accordingly, the request is not certified.

Topical compounded Dendracin lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chronic Pain Medical Treatment Guidelines, (Effective July 18, 2009), Page 111

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, 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 Dendracin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." In this case, the applicant's successful usage of oral Relafen effectively obviates the need for topical Dendracin here. Accordingly, the request is likewise not certified, on independent medical review.