

Case Number:	CM13-0051462		
Date Assigned:	12/27/2013	Date of Injury:	01/16/2013
Decision Date:	05/23/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 50-year-old male who reported an injury on 01/16/2013. The mechanism of injury was the injured worker lifted a box that was heavy and notice low back and leg pain. The medications of 05/23/2013 were Motrin, Omeprazole, Flexeril, and Vicodin. The documentation of 09/20/2013 revealed the injured worker had no side effects from medications and continued to have low back pain radiating into the left leg with numbness and tingling intermittently. The injured worker had tenderness to palpation in the lumbar spine. The diagnoses included lower back pain, pain in the extremities, lower and/or upper, and lumbar radiculopathy. The treatment plan included paraffin bath, a refill of medications including Methoderm, Tramadol, Omeprazole, naproxen, and cyclobenzaprine, await authorization for acupuncture times 6 in lumbar region, encourage exercise and TENS and return to clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since May. There was a lack of documentation of the efficacy for the requested medication. Additionally the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg #60 is not medically necessary.

MENTHODERM 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topical Salicylates Page(s): 111, 105. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS TOPICAL SALICYLATES, 111 105

Decision rationale: The California MTUS indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical Salicylate is appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of anticonvulsants and antidepressants. The duration of the medication use could not be established; however, it was indicated this was a refill for the medication. The request as submitted failed to indicate the frequency and the strength for the requested medication. The request for Methoderm 120 mL is not medically necessary.