

Case Number:	CM13-0052745		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2008
Decision Date:	06/23/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/16/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine 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 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 53-year-old male who reported an injury occurring from 10/13/2008 to 10/13/2009 secondary to an unknown mechanism of injury. His diagnoses include acid reflux, chronic pain syndrome, low back pain, and depressed mood/anxiety. The injured worker has been treated previously with biofeedback, physical therapy, a TENS unit, and heat packs. At the most recent clinical visit on 09/04/2013, the injured worker reported improving acid reflux. On physical examination, the injured worker was noted to have no significant findings. It was noted that examination of the extremities was deferred to the appropriate specialist. The medications at that time were noted to include omeprazole 20 mg once daily. It was noted that the injured worker had been treated with omeprazole since at least 03/15/2013 for the treatment of stomach distress caused by other medications. The medications were also noted to include Medrox patches. It was noted that the injured worker was prescribed Medrox patches beginning on 05/15/2013. The injured worker was recommended for a refill of medications and a urine toxicology screen. A retrospective Request for Authorization was submitted for omeprazole DR 20 mg #30 and Medrox #60 for date of service 10/02/2013. The documentation submitted for review failed to provide a Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDROX #60 DOS:10/2/13: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox patches contain 5% methyl salicylate, 5% menthol, and 0.0375% capsaicin. The Chronic Pain Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These guidelines may recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. It was noted that the injured worker had used Medrox patches since at least 05/15/2013. There was a lack of recently documented evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of this medication. Additionally, the guidelines state that there is no current indication for use of capsaicin beyond a 0.025% formulation. Therefore, there is insufficient evidence to indicate that the injured worker would benefit from continued treatment with Medrox, which contains 0.0375% formulation of capsaicin. Furthermore, the guidelines state that any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. As such the retrospective request for Medrox #60, date of service 10/02/2013, is not medically necessary.

RETROSPECTIVE REQUEST FOR OMEPRAZOLE DR 20MG #30 DOS:10/2/13:
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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: It was noted that the injured worker was treated with omeprazole since at least 03/15/2013. It was also noted that omeprazole was prescribed for stomach distress caused by other medications. The Chronic Pain Guidelines do not recommend prophylactic use of a proton pump inhibitor unless an injured worker is at high risk for gastrointestinal events. These risk factors include age over 65 years, multiple high dose non-steroidal anti-inflammatory drug (NSAID) use, and a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation. The injured worker is 53 years old, and the medical records submitted for review failed to indicate that he has a history of peptic ulcer, GI bleeding, or perforation. Although the most recent clinical evaluation dated 09/04/2013, noted the injured worker to have acid reflux with a desire to rule out an ulcer, there is no recent documented evidence to confirm that the injured worker currently suffers from a peptic ulcer. The documented medications do not include NSAIDs, and it was noted that the injured worker was advised not to take NSAIDS. There is insufficient documented evidence to indicate that the injured worker is at high risk for gastrointestinal events. As such, the retrospective request for omeprazole DR 20 mg #30, date of service 10/02/2013, is not medically necessary.

