

Case Number:	CM13-0062777		
Date Assigned:	12/30/2013	Date of Injury:	03/25/2009
Decision Date:	04/14/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chest wall pain, shoulder pain, myofascial pain syndrome, and psychological stress reportedly associated with an industrial injury of March 25, 2009. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work. In a Utilization Review Report of December 5, 2013, the claims administrator approved request for ibuprofen and a reevaluation. Omeprazole is partially certified while two topical compounds were denied. The applicant's attorney subsequently appealed. A clinical progress note of November 25, 2013 is notable for comments that the applicant reports persistent knee, low back, and neck pain. The applicant exhibits an antalgic gait. Urine drug testing was endorsed while the applicant was placed off of work, on total temporary disability. On October 25, 2013, the applicant was again placed off of work, on total temporary disability and issued prescriptions for Fluriflex cream, omeprazole, and ibuprofen. It was stated that omeprazole was being endorsed for stomach upset; however, there was no mention of dyspepsia, reflux, or heartburn made at any point in the body of the progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY: 180: Overturned

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, omeprazole, proton pump inhibitor, is indicated in the treatment of NSAID-induced dyspepsia. In this case, however, the information on file does not clearly establish the presence of active signs or symptoms of dyspepsia, reflux, or heartburn, either NSAID-induced or stand-alone. Therefore, the request is not certified, on Independent Medical Review.

Fluriflex cream 180 grams QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009 Pg. 111-113 Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic topic Page(s): 111,113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. In this case, one of the ingredients in the compound in question is a muscle relaxant, Flexeril. The Flexeril component of the cream results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is likewise not certified, on Independent Medical Review.

TGIce cream 180 grams QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009 Pg. 111-113 Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 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 first-line oral pharmaceuticals so as to justify usage of topical agents such as the cream in question here, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, the applicant is reportedly using oral ibuprofen without any reportedly difficulty, effectively obviating the need for the

cream in question. It is further noted that the applicant was described using the cream in question on several recent progress notes interspersed throughout 2013 but nevertheless remained of work, on total temporary disability, implying that ongoing usage of the cream was unsuccessful as defined by the functional improvement measures noted in MTUS 9792.20f. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.