

Case Number:	CM13-0063847		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2006
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 patient is a 38-year-old male who reported an injury on 11/03/2006. The patient was reportedly injured while pulling a 400-pound tank. The patient is currently diagnosed with lumbar radiculopathy, cervical radiculopathy, myalgia/myositis, opioid dependency, bilateral shoulder pain, chronic pain, and medication related dyspepsia. The patient was seen by [REDACTED] on 10/29/2013. The patient reported persistent lower back pain with radiation to bilateral lower extremities. The patient also reported neck pain with radiation to bilateral upper extremities. Physical examination revealed limited lumbar range of motion, tenderness to palpation, myofascial spasm, tenderness to palpation of the cervical spine, and reduced range of motion. Treatment recommendations included prescriptions for clonidine, Nexium, Protonix, loratadine, lidocaine, Opana ER, oxycodone, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TUBE OF EXOTEN-C LOTION 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not meet criteria for the requested medication. As such, the prospective request for one (1) 120mL tube of Exoten-C Lotion is non-certified.

NEXIUM #30 CAPSULES 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, online edition, Pain Chapter.

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the prospective request #30 capsules of Nexium 20mg is non-certified.

CLONIDINE HCL #90 TABLETS 0.1MG: 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 Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines state hypertension treatment is recommended after lifestyle, diet, and exercise modification. Clonidine is recommended as second line therapy. As per the documentation submitted, there is no indication of a failure to respond to lifestyle modifications with diet and exercise. There is also no indication of a failure to respond to first line therapy prior to the initiation of a second line medication. Based on the clinical information received, the prospective request for #90 tablets of Clonidine HCL 0.1mg is non-certified.

PROTONIX DR #30 TABLETS 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, online edition, Pain Chapter.

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. Additionally noted, the patient is also prescribed Nexium 20 mg. Based on the clinical information received, the prospective request for #30 tables of Protonix DR 20mg is non-certified.