

Case Number:	CM13-0067190		
Date Assigned:	01/03/2014	Date of Injury:	07/24/2009
Decision Date:	04/25/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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:

According to the records made available for review, this is a 55-year-old female with a 7/24/09 date of injury. At the time of request for authorization for 60 Capsules of Omeprazole 20mg between 12/6/2013 and 1/20/2014, 30 Capsules of Celebrex 100mg between 12/6/2013 and 1/20/2014, and 1 Tube of Compound Analgesic Cream (Capsaicin, Gabapentin, Camphor and Menthol) between 12/6/2013 and 1/20/2014 there is documentation of subjective symptoms of (low back pain that radiates the right gluteal area radiating down to the right foot; and neck pain that radiates to the bilateral upper extremities (BUEs), right upper extremity (RUE) weakness associated with pain; epigastric pain secondary to analgesic medications) and objective symptoms of (Achilles and Patellar reflexes 1/2 bilaterally, 4/5 muscle strength right lower extremity (RLE), decreased L5 sensation, tenderness at the posterior superior iliac space, SIJ, and facet joint, + straight leg raise (SLR), decrease range of motion (ROM), spasm; C/S decreased sensation on right C4, C5, C6, C6 and C8, RUE weakness) findings. Current diagnoses include (low back pain with lumbar spine degenerative disc disease (DDD) with radicular symptoms to the bilateral lower extremities (BLEs), worse on the right side at L5 distribution; right piriformis syndrome with impinged sciatic nerve, lumbar S/S, neck pain with cervical spine DDD at the C5-6 and C6-7 levels with radicular symptoms to the bilateral upper extremities (BUEs), cervical spine spondylosis, right upper extremity (RUE) pain and weakness progressive). Treatments to date include medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Omeprazole 20mg, QTY 60, between 12/6/2013 and 1/20/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, pages(s) 68-69, NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses (low back pain with lumbar spine DDD with radicular symptoms to the BLEs, worse on the right side at L5 distribution; right piriformis syndrome with impinged sciatic nerve, lumbar S/S, neck pain with cervical spine DDD at the C5-6 and C6-7 levels with radicular symptoms to the BUEs, cervical spine spondylosis, RUE pain and weakness progressive). In addition, there is documentation of omeprazole being prescribed for epigastric pain secondary to analgesics. However, given an associated request for analgesic (Celebrex), and the request cited as not medically necessary by this reviewer, there is no medical necessity of omeprazole. Therefore, based on guidelines and a review of the evidence, the request for 60 Capsules of Omeprazole 20mg between 12/6/2013 and 1/20/2014 is not medically necessary.

The request for 1 tube of Compound Analgesic Cream (capsaicin, gabapentin, camphor and menthol) between 12/6/2013 and 1/20/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, pages(s) 111, Topical Analgesics.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 Tube of Compound Analgesic Cream (Capsaicin, Gabapentin, Camphor and Menthol) between 12/6/2013 and 1/20/2014 is not medically necessary.

The request for Celebrex 100mg, QTY 30 BETWEEN 12/6/2013 AND 1/20/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, pages(s) 67 and 70, NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-inflammatory medications Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. Within the medical information available for review, there is documentation of diagnoses of diagnoses (low back pain with lumbar spine DDD with radicular symptoms to the BLEs, worse on the right side at L5 distribution; right piriformis syndrome with impinged sciatic nerve, lumbar S/S, neck pain with cervical spine DDD at the C5-6 and C6-7 levels with radicular symptoms to the BUEs, cervical spine spondylosis, RUE pain and weakness progressive). However, there is no documentation of high-risk of GI complications with NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 30 Capsules of Celebrex 100mg between 12/6/2013 and 1/20/2014 is not medically necessary.