

Case Number:	CM14-0000877		
Date Assigned:	01/22/2014	Date of Injury:	05/05/2011
Decision Date:	06/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery, 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 patient is a 45 year-old male who is reported to have sustained work related injuries on 05/05/11. The patient is reported to have sustained multiple injuries and a skull fracture as the result of a fall. Records indicate the patient required multiple surgeries to treat bilateral upper extremity fractures. The patient is status post cervical surgery. He continues to report chronic cervical and lumbar pain. The records do not contain a recent data from the requesting providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLO-KETO: 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): 112-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): PAIN CHAPTER, COMPOUND DRUGS.

Decision rationale: The CA MTUS, Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be

approved for transdermal use. This compound contains: cyclobenzaprine and Ketoprofen which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and therefore not medically necessary. The request for Cyclo-Keto is non certified.

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS, CARDIOVASCULAR RISK.;. Decision based on Non-MTUS Citation ODG-TWC, PROTON PUMP INHIBITORS (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): PAIN, PROTON PUMP INHIBITOR.

Decision rationale: The submitted information provides no clinical information from the requestors. There is no data to indicate the patient has NSAID or medication induced gastritis requiring the use of this medication. As such the medical necessity is not established and the request for Prilosec is non certified.

ULTRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

Decision rationale: The submitted clinical records do not include any recent data from the prescribing provider. The submitted documentation does not provide any data that documents the efficacy of this medication. There is no documentation of functional improvements or records which reflect compliance testing. As such the request does not meet criteria per CA MTUS for continued use of this medication.