

Case Number:	CM14-0002783		
Date Assigned:	01/29/2014	Date of Injury:	03/28/2002
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation 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 on 03/28/2002. The mechanism of injury was not provided. Per the 12/10/2013 clinical note, the injured worker reported left knee pain and back pain rated 8/10. Objective findings included a kyphotic stance and gait, with palpable spasm and tenderness of the lumbar spine. Treatment to date included right lumbar epidural blocks and left lumbar rhizotomy of the medial branch nerves. The injured worker's medication regimen included Zocor, Citalopram, Gabapentin, Hydrocodone, Naproxen, Pantoprazole, Cyclobenzaprine, and Effexor. The provider added Nabumetone, Nexium, and Cyclogaba cream. The request for authorization form for Nexium and Cyclogaba cream was submitted on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR NEXIUM 20 MG WITH 5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) , GI Symptoms & Cardiovascular Risk. Page(s): 68-69.

Decision rationale: The request for one prescription for Nexium 20mg with 5 refills is not medically necessary. The Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The provider noted Nexium was started for heartburn from the injured worker's pain medications. There is a lack of documentation to indicate the injured worker was having any gastrointestinal symptoms to warrant the addition of Nexium. There is also a lack of evidence the injured worker had a history of gastrointestinal problems. The medical necessity for Nexium was not established. As such, the request is not medically necessary.

ONE PRESCRIPTION FOR CYCLOGABA CREAM 10% 1 TUBE: Upheld

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

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

Decision rationale: The request for one prescription for Cyclogaba cream 10% 1 tube is non-certified. The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, any compounded product that contains at least one drug that is not recommended is not recommended. The use of topical Gabapentin is not recommended due to the lack of peer-reviewed literature to support its use. The guidelines also note there is no evidence for use of any other muscle relaxant as a topical product. Cyclogaba cream contains Gabapentin and Cyclobenzaprine, which are not recommended. The guidelines recommend any topical compound containing at least one drug that is not recommended is not recommended. Therefore, the medication would not be recommended. In addition, the submitted request does not specify the site of application. As such, the request is not medically necessary.