

Case Number:	CM14-0004514		
Date Assigned:	06/20/2014	Date of Injury:	10/13/2008
Decision Date:	08/12/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This employee, a 63 year old former nurse, claims injury 10/13/2008 when involved in a motor vehicle accident. She had head injury and coma, injury to the sternum, ribs, neck and abdominal wall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20 MG # 30 date of service 11-11-13.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's & GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): page(s) 68-69.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the basis for Proton Pump Inhibitors is a prescription for NSAIDs. However the patient has not been prescribed NSAIDs at this time. Therefore the basis for PPI prescribing in the MTUS chronic pain guidelines has not been met. Therefore the request is not medically necessary.

Retrospective request for Gabapentin 10% Cyclobenzaprine 6% Tramadol 10% # 1 date of service 11-11-13.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, if any components of a topical analgesic are not approved, then the compounded formulation is not approved. Specifically Gabapentin is disallowed. Muscle relaxants are not allowed as well. Tramadol is not amongst approved topical agents. The request is denied based on the principle that more than one component is not medically necessary.

Retrospective request for Flurbiprofen 20% Lidocaine 5% Amitriptyline 5% # 1 date of service 11-11-13..: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, if any components of a topical analgesic are not approved, then the compounded formulation is not approved. Flurbiprofen and Amitriptyline are not approved topical analgesics. Lidocaine topically is only approved in a dermal patch form. The request is denied based on the fact that more than one component of a compounded medication is not medically necessary.