

Case Number:	CM14-0008435		
Date Assigned:	02/12/2014	Date of Injury:	10/07/2005
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 Family 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:

The patient is a 64-year-old woman who was injured while at work on 10/7/2005. She sustained injuries to her neck, upper extremities, shoulders, lower back and legs. She is requesting review of a denial for Prilosec and for dendracin topical analgesic cream. Her medical records were reviewed and were notable for the following musculoskeletal diagnoses: cervical myoligamentous injury with bilateral upper extremity radiculopathy, lumbar myoligamentous injury with bilateral lower extremity radiculopathy, lumbar facet arthropathy, and right shoulder impingement syndrome. The patient has undergone a number of treatment interventions to include the following: medication management with Anaprox (a non-steroidal anti-inflammatory drug (NSAID)), Ultram, muscle relaxants, cervical epidural steroid injections and consultation with Pain Medicine Specialists.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG BID PRN, #60: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines provide the criteria for the use of proton pump inhibitors such as Prilosec when patients are using a non-steroidal anti-inflammatory medication such as Anaprox. Specifically, patients deemed at intermediate or high risk for a gastrointestinal event should be considered for concomitant use of a proton pump inhibitor. Criteria used to determine risk for a gastrointestinal event includes: age greater than 65, history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). In reviewing this patient's medical records, there is no evidence that the patient meets the criteria for intermediate or high risk for a gastrointestinal event. Therefore, Prilosec is not considered medically necessary.

DENDRACIN TOPICAL ANALGESIC CREAM 120ML TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 105.

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

Decision rationale: Dendracin is a compounded topical analgesic cream composed of methyl salicylate, benzocaine, and menthol. The Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics noting that they "are largely experimental with few randomized controlled trials to determine efficacy or safety." They are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Based on the information in this patient's medical records, there is no evidence to indicate that this medication is being prescribed for the treatment of neuropathic pain. Further, there is no evidence that the patient has had an adequate trial of an antidepressant and anticonvulsant. Therefore, there is no medical indication for the use of Dendracin for this patient's chronic musculoskeletal pain syndrome. As such, the request is not certified.