

Case Number:	CM14-0106520		
Date Assigned:	07/30/2014	Date of Injury:	10/12/2012
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 60-year-old employee with date of injury of 10/12/2012. Medical records indicate the patient is undergoing treatment for low back pain. Subjective complaints include low back pain that radiates to lower extremity; pain is 8/10 without medications and 5/10 with medications. Objective findings include walks slowly with antalgic gait and a walker; right sided foraminal stenosis at L5-S1; central canal stenosis at L4-5 broad based bulging disk and degenerated disk most prominent at L3-4. Treatment has consisted of physical therapy, epidural steroid injections; a walker; recommended exercise and weight loss; Norco; Prilosec; Gabapentin; Biofreeze gel; Metformin and Diovan. The utilization review determination was rendered on 03/18/2014 recommending non-certification of Prilosec 20mg #120 and tube of Biofreeze Gel times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, GI Symptoms & Cardiovascular Risk.

Decision rationale: MTUS states, to determine if the patient is at risk for gastrointestinal events: (1) age greater than (>) 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). And, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). While the treating physician does document GI upset with the taking of oral medications and symptomatic relief with Prilosec, the medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Prilosec 20mg #120 is not medically necessary.

TUBE OF BIOFREEZE GEL X2: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) and Low Back, Topical Analgesics and Biofreeze.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Biofreeze is a compound analgesic that contains menthol. MTUS is silent on the use of menthol. The Official Disability Guidelines (ODG) states in the low back chapter recommended as an optional form of cryotherapy for acute pain. See also Cryotherapy, Cold/heat packs. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. (Zhang, 2008). The treating physician has not documented that Biofreeze was being used for acute low back pain, obstacles to traditional cold therapy and that a trial and failure of over the counter menthol medication occurred. As such, the request tube of Biofreeze gel times two is not medically necessary.