

Case Number:	CM14-0012388		
Date Assigned:	02/21/2014	Date of Injury:	06/22/2010
Decision Date:	11/14/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Internal 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 41 year old male who was injured on 06/22/2010 when he was lifting a cantilever when he felt his back crack. According to the UR, the patient was seen on 12/27/2013 with complaints of erectile dysfunction and low back pain. He reported his medications were not effective in relieving his pain. On exam, he had tenderness of the lumbar status post and positive straight leg raise bilaterally. The patient is diagnosed with cervical and thoracic strain; right carpal tunnel syndrome, sleep disturbance, and abdominal complaints. He was prescribed the medications listed below. There is neither medication provided for review nor was there documented functional improvement with these medications. Prior utilization review dated 01/21/2014 states the request for Pharmacy Purchase for Prescription of Tg Hot Cream 100mg, #2; Pharmacy Purchase For Prescription Of Nexium 40mg, #60; For Pharmacy Purchase For Prescription Of Flector Patches, #2 Boxes were denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase for prescription of Tg Hot Cream 100mg, #2: 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 rationale: The guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications, generally antidepressants or anticonvulsants. There was minimal clinical information in the documents provided. The documents did not discuss the medications the patient has tried and failed. The documents did not include a discussion of the indication for TG hot cream or mention it in the assessment/plan. The request did not include a site of administration for the cream. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Pharmacy purchase for prescription of Nexium 40mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI's, NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The guidelines recommend proton pump inhibitor (PPI) therapy for patients at risk for adverse gastrointestinal (GI) events on non-steroidal anti-inflammatory drugs (NSAIDs) or for patients with certain GI conditions such as dyspepsia, peptic ulcer disease (PUD), gastroesophageal reflux disease (GERD) etc. Risk factors for GI events for patients on NSAIDs include age > 65, history of GIB, history of PUD, history of perforation, concurrent use of aspirin, concurrent use of steroids, concurrent use of anticoagulants, or high dose/multiple NSAIDs. The guidelines state that PPI are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical documents state the patient has abdominal complaints but did not provide further subjective/objective findings. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical documents did not identify a GI condition that requires PPI therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Pharmacy purchase for prescription of flector patches, #2 boxes: 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 rationale: The guidelines do not recommend Flector patches for topical use for pain control. There is insufficient evidence and clinical trials within the current literature to support the use of this medication. There was minimal clinical information in the documents provided. The documents did not discuss the medications the patient has tried and failed. The documents

did not include a discussion of the indication Flector patches or mention them in the assessment/plan. The request did not include a site of administration for the patches. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.