

Case Number:	CM14-0017289		
Date Assigned:	04/14/2014	Date of Injury:	08/18/2009
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 Practice 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 51-year-old male who reported an injury on 08/18/2009. The mechanism of injury was not stated. The current diagnoses include internal derangement of the knee and anxiety/depression. The injured worker was evaluated on 11/09/2013. The physical examination revealed tenderness to palpation with 4/5 strength. The treatment recommendations included a refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. The guidelines also indicate that patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective non-steroidal anti-inflammatory drug (NSAID). There is no evidence of cardiovascular disease or increased risk factors for

gastrointestinal events. There was also no frequency listed in the current request. As such, the request is non-certified.

TEROCIN PATCH #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 112. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (UPDATED 01/07/14), SALICYLATE TOPICALS.

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of a failure to respond to first-line oral medications prior to the initiation of a topical analgesic. There was also no frequency listed in the current request. As such, the request is non-certified.

VICODIN 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-SPECIFIC DRUG LIST, Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 74-82.

Decision rationale: The Chronic Pain Guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The guidelines also indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There was no evidence of a failure to respond to non-opioid analgesics. There was also no frequency listed in the current request. As such, the request is non-certified.