

Case Number:	CM14-0017968		
Date Assigned:	04/16/2014	Date of Injury:	05/29/2012
Decision Date:	06/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/12/2014

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 Arizona. 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 58 year old female with a date of injury on 5/29/2012. The diagnoses include cervical disc degeneration, lumbar disc displacement, lumbosacral neuritis, sacroiliitis, brachial neuritis, and myalgia/myositis. Subjective complaints are of ongoing neck and low back pain, radiating to the upper and lower extremities. Pain was rated at 8-9/10. Pain is exacerbated by sitting, walking, or standing. Physical exam shows reduced cervical range of motion and facet tenderness. Upper extremity sensation, reflexes, and strength were normal. Lumbar spine is tender over facet joint and bilateral sacroiliac joints, and reduced range of motion. Abdominal exam was documented as normal. The submitted documentation does not indicate ongoing GI disturbances, or history of GI problems. The submitted documentation mentions that patient has failure conservative therapy. The medications include Naproxen, Gabapentin, Tramadol, Zolpidem , compounded topical analgesics, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR NAPROXEN SODIUM 550MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: California MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested Naproxen is medically necessary.

PRESCRIPTION FOR OMEPRAZOLE: 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 NSAIDS/GI Risk Page(s): 68-69.

Decision rationale: According to California MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. There is no documentation identified that would stratify this patient in an intermediate or high risk GI category. Furthermore, the documentation does not show evidence of ongoing dyspepsia or GI disturbances. Therefore, the medical necessity of the requested prescription for Omeprazole is not established.

PRESCRIPTION FOR COMPOUNDED TOPICAL ANALGESIC CREAMS: 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: California Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. The submitted documentation and the IMR request as written does not identify the specific compounded topical analgesic that is to be used. Therefore, the medical necessity of this medication is not established.