MAXIMUS Federal Services

Case Number:	CM14-0116459		
Date Assigned:	08/04/2014	Date of Injury:	02/27/2009
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 45-year-old male who reported an injury on 02/27/2009 due to consistently lifted heavy boxes and sat in front of computer for 7 hours, he developed back pain, neck pain, blurred vision, and gastrointestinal issues. The injured worker had a history of psychiatric complaints, stress, acid reflux, blurred vision, neck pain, headaches, and lower back pain that radiated to bilateral lower extremities. The diagnoses included abdominal pain, acid reflex secondary non-steroidal anti-inflammatory drugs, blurred vision, cephalgia, neurological diagnosis and orthopedic diagnosis. The past treatments included epidural steroid injections, and urine toxicology. No surgical history provided. The MRI of the lumbar spine was pending.The medication included Dexilant 60 mg, Gaviscon, Ranitidine 150 mg, Medrox patches, Tramadol, Topical cream 210 g, and an additional Topical cream. The injured worker reported his neck pain a 5/10 using the VAS. The objective findings dated 05/15/2014 revealed a soft, non-tender, non-distended abdomen. The examination of the extremities revealed no clubbing, no edema, and cyanosis. Tenderness and range of motion was deferred to the appropriate specialist. The treatment plan included refer the injured worker to a specialist, advise the injured worker for a low fat, low acid diet and refill for medications. The Request for Authorization dated 08/04/2014 was submitted with documentation. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bottle of Gaviscon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation http://www.drugs.com/gaviscon-chewable-tablets.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com.

Decision rationale: Gaviscon was not addressed by the American College of Occupational and Environmental Medicine, Second Edition, Chronic Pain Medical Treatment Guidelines or the Official Disability Guidelines did not address. Per the www.drugs.com, alginic acid is a natural carbohydrate that comes from algae in seaweed (kelp) and is used in many processed foods. It helps this medication create a foam barrier to coat the stomach. Aluminum and magnesium are minerals that occur naturally and are used as antacids. The combination of alginic acid and aluminum per the documentation provided the clinical examination did not indicate that the injured worker was having evident epigastric problems. The injured worker also notes improved acid reflex. The clinical notes also indicated that the injured worker was instructed on a low fat, low acid diet, however no additional documentation on the outcome. The request did not address the frequency. As such, the request is not medically necessary.

Ranitidine 150 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/ranitidine.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Antiemetics (for opioid nausea).

Decision rationale: The Official Disability Guidelines do not recommended for nausea and vomiting secondary to chronic opioid use. This medication is recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. Per the clinical notes the injured worker had a soft, non-tender, non-distended abdomen on evaluation. The clinical evaluation did not correlate with the injured worker's complaints and recommended for acute use or short term duration. The request did not address the frequency. As such, the request is not medically necessary.

Medrox patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS recommend as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The effect of each agent and how it will be useful for the specific therapeutic goal required. Per the clinical notes, no objective measures were addressed. Per the injured worker had cervical pain with headache that rated at a 5/10. However, no other VAS was given. Per the guidelines any compound product that contains at least 1 drug that is not recommended is not recommended. Capsaicin is not recommended. The request did not address the frequency. As such, the request is not medically necessary.