MAXIMUS Federal Services

Case Number:	CM14-0117463		
Date Assigned:	08/06/2014	Date of Injury:	06/07/2013
Decision Date:	10/01/2014	UR Denial Date:	07/20/2014
Priority:	Standard	Application Received:	07/27/2014

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 33-year-old male who reported an injury on 06/07/2013. The mechanism of injury was not provided within the documentation. His diagnoses were noted to be low back pain, knee pain, myofascial pain and lumbar radiculopathy (left sided) L4, L5. Prior treatments were noted to be medications. Diagnostic testing and surgical history are noted on the physician's progress report. Subjective complaints are not provided; however, it is noted that the injured worker continues to have symptoms, but they have stabilized. The objective findings note no physical examination this visit. The treatment plan is for refills of Prilosec, Topamax, Menthoderm and naproxen. The provider's rationale for the request was noted within the primary treating physician's progress reported dated Monday, 06/30/2014. A Request for Authorization form was not noted within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosoc 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67-68 Non stero.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend precautions with use of NSAIDs. If a patient is over 65 years old, has a history peptic ulcer, at risk of GI bleeding or perforation, and using aspirin or corticosteroids, then there is an intermediate or high risk for gastrointestinal events. The guidelines recommend proton pump inhibitors for those at risk. The injured worker does not have any objective documentation within the physician's progress report of a peptic ulcer or GI bleed. It is not noted that the injured worker is participating in aspirin or corticosteroid therapy. There is no efficacy with prior use documented. In addition, the request fails to provide a dosage frequency. Therefore, the request for Prilosec 20 mg quantity 60 is not medically necessary.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Page(s): 66.

Decision rationale: The California MTUS Medical Treatment Guidelines indicate naproxen is a non-steroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The injured worker does not have an adequate pain assessment noted within the physician's progress report associated with this request. Osteoarthritis is not noted as a diagnosis. Efficacy of prior use is not provided within the review. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for naproxen sodium 550 mg quantity 60 is not medically necessary.

Menthoderm 120gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Agents (NSAIDs) Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend salicylate topical. Topical salicylate is significantly better than placebo in chronic pain. It is not indicated within the physician's progress report if the injured worker has pain relief with use of salicylate topical. In addition, the request fails to provide a dosage frequency and application site. Therefore, the request for Menthoderm 120g quantity 1 is not medically necessary.