

Case Number:	CM14-0151184		
Date Assigned:	09/19/2014	Date of Injury:	08/21/2013
Decision Date:	11/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

This is a 43 yr. old male claimant who sustained a work injury on 8/21/13 involving the neck and back. He was diagnosed with lumbar, cervical and thoracic strain. The claimant had been on Motrin for pain for several months. The claimant had been given Prilosec due to gastritis developed from Motrin use. A progress note on 4/16/14 indicated the claimant had reduced range of motion of the cervical and lumbar spine with diffuse tenderness. The claimant was continued on Ibuprofen 800mg BID, Prilosec 20 mg BID, Norflex for spasms and transdermal compounds. The claimant had also been managed by psychiatry for depression and anxiety related to the injury. He had insomnia as well. The claimant had been on the above medications and a request in September 2014 was made for continuation of Prilosec, Ibuprofen, topical compounds and Diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg #60: Upheld

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 (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Ibuprofen are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on Ibuprofen (Motrin) for months. There was no indication of Tylenol failure. The claimant had also developed gastric from its use indicating need for alternative medication trial. The continued use of Ibuprofen is not medically necessary.

Diazepam 5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): pg 24.

Decision rationale: According to the MTUS guidelines, Diazepam is a benzodiazepine. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the specific use of Diazepam was not specified. An antidepressant or alternative sleep agent may be appropriate for the claimant. The Diazepam is not medically necessary.

Pantoprazole 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): pg 68-69.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Pantoprazole is not medically necessary.

Transdermal compounds: 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 .

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily it is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the type of compound is not specified. In addition, there is lack of evidence to support topical analgesics. The request above is not medically necessary.