

Case Number:	CM14-0171292		
Date Assigned:	10/23/2014	Date of Injury:	04/14/2006
Decision Date:	12/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/16/2014

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 Physical Medicine and 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 04/14/2006. The mechanism of injury was not provided. Prior treatments included epidural steroid injections, physical therapy, and medications. The diagnostic studies and surgical history were not provided. There was no Request for Authorization submitted for review. The documentation of 06/03/2014 revealed the injured worker had low back pain and right leg radiculopathy as well as recurrent symptoms. The physical examination revealed tenderness in the paralumbar region. The treatment plan included a spine surgical consultation, naproxen 550 mg twice a day #90, omeprazole once a day, and Mentherm creams. The medications were noted to be current medications. The diagnosis was lumbar disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate or high risk for gastrointestinal events. There was a lack of documentation indicating a rationale for the use of the medication. The request as submitted failed to indicate the frequency and quantity of the medication being requested and the date of the retro request. Given the above, the retrospective request for Omeprazole 20 mg is not medically necessary.

Retrospective request for Methoderm Cream 120 ml: 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/Topical Salicylates Page(s): 105, 111.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The duration of use could not be established through the supplied documentation. There was a lack of documentation indicating the injured worker had a trial and failure of anticonvulsants and antidepressants and that the injured worker had neuropathic pain. The request as submitted failed to indicate the body part to be treated as well as the frequency for the requested medication and the date for the retrospective request. Given the above, the retrospective request for Methoderm cream 120 mL is not medically necessary.

Retrospective request for Naproxen 550 mg po BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68, 73.

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker was utilizing the medication. There was a lack of documented efficacy. There was a lack of documented rationale for the use of the medication. Additionally, the request as submitted failed to indicate the requested date of service for a retrospective request. Given the above, the retrospective request for Naproxen 550 mg po bid #90 is not medically necessary.

