

Case Number:	CM14-0028012		
Date Assigned:	06/16/2014	Date of Injury:	02/11/1994
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 62-year-old female with a reported date of injury of 02/11/1994. The injured worker presented with neck, arm pain and headaches. On physical examination, the injured worker's cervical spine presented with pain, and tenderness. Range of motion was noted as painful. In addition, the physician indicated that the injured worker had positive Tinel's and positive Phalen's tests in the right wrist. The lumbar spine physical exam revealed pain, tenderness and limited range of motion. According to the clinical information, the injured worker began utilizing Zantac and topical analgesics prior to 02/02/2005. The clinical documentation indicated, the injured worker participated in physical therapy and chiropractic care; the results of which were not provided within the clinical information available for review. The injured worker's diagnoses included post cervical fusion and cervical disc displacement. The injured worker's medication regimen included Zantac and topical analgesics. The Request for Authorization for omeprazole 20 mg (#90) and Exoten-C lotion was signed, but not dated. The rationale for the requests was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG (#90): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPI).

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

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for injured workers who are at risk for gastrointestinal events. To determine if the injured worker is at risk for gastrointestinal events, the documentation should indicate that the injured worker is greater than 65 years of age; has a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; or has a concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Injured workers at risk for gastrointestinal events and no cardiovascular disease are recommended to utilize an NSAID with a PPI (proton pump inhibitor). Long-term PPI use has been shown to increase the risk of hip fracture. According to the documentation provided for review, the injured worker utilized Zantac prior to 02/10/2005. There is a lack of documentation related to the addition of omeprazole to the injured worker's medication regimen. In addition, there is a lack of documentation related to GI upset, a history of peptic ulcer or GI bleeding or perforation. The information provided for review lacks documentation of the injured worker's medication regimen beyond Zantac and topical analgesics. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the request for omeprazole 20 mg (#90) is not medically necessary.

EXOTEN-C LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Capsaicin Page(s): 105, 111 & 112.

Decision rationale: Exoten-C lotion contains methyl salicylate, menthol and capsaicin at 0.002%. The California MTUS Guidelines recommend topical analgesics as an option. Although the compound is largely experimental in use, with few randomized controlled trials to determine efficacy or safety, it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. In addition, the guidelines state that capsaicin is recommended only as an option in injured workers who have not responded to or who are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. There are positive randomized studies with capsaicin cream in injured workers with osteoarthritis, fibromyalgia and chronic nonspecific back pain; but it should be considered experimental in very high doses. Topical capsaicin may be particularly useful in injured workers whose pain has not been controlled successfully with conventional therapy. In addition, the guidelines state that salicylate topicals are recommended. The clinical information provided for review lacks documentation related to the previous physical therapy and chiropractic care outcomes. There is a lack of documentation related to the response or tolerance to other treatments. In addition, the request as

submitted failed to provide a frequency, directions and a specific site at which the topical analgesic was to be utilized. Therefore, the request for Exoten-C lotion is not medically necessary.