

Case Number:	CM14-0035099		
Date Assigned:	06/23/2014	Date of Injury:	02/26/2005
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 49 year old male who sustained an injury on 02/26/05 while installing a transmission into a vehicle. The injured worker bent forward injuring his low back. Prior treatment has included physical therapy as well as the use of medications such as Tylenol #4, Prilosec and tramadol. The injured worker did have electrodiagnostic studies completed which demonstrated findings consistent with a chronic bilateral L5-S1 radiculopathy. The injured worker was being followed by a treating physician. The clinical report from 01/07/14 noted ongoing complaints of severe low back pain radiating to the right lower extremity with associated burning symptoms. The injured worker is noted to have had a prior lumbar surgery in September of 2005. The injured worker has declined further surgical intervention for the low back. The injured worker did have a recent surgery for the right knee in October of 2013. The injured worker's physical examination noted stiffness with gait and stance. There was noted tenderness to palpation and active trigger points. Range of motion was restricted in the lumbar spine. There was a positive Lesegue's sign noted bilaterally. No motor weakness was identified and there was no evidence of any substantial calf or thigh atrophy. The injured worker was prescribed Tylenol #4 as well as Prilosec as a protective agent. The injured worker was prescribed topical anti-inflammatories, Gabapentin and tramadol. There is a handwritten report from the treating physician on 02/18/14 which was difficult to interpret due to handwriting and copy quality. There appeared to be continuing positive straight leg raise signs bilaterally in the lower extremities. The injured worker was referred to physical therapy. No further discussion regarding medications was noted. The requested Prilosec 20mg, quantity 90 and topical compounded creams including Ketoprofen and tramadol were both denied by utilization review on 03/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. In regards to the use of Prilosec 20mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

1 Topical cream - Ketoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: In regards to the topical compounded Ketoprofen, this reviewer would not have recommended this medication as medically necessary. The use of topical compounded medications including anti-inflammatories is not well established in the clinical literature and is considered largely experimental and investigational. In this case, there is no indication that the injured worker had failed a reasonable trial of oral medications including anti-inflammatories or that standard oral anti-inflammatories were either contraindicated or not tolerated. Given the lack of indications regarding the use of topical compounded medications in this case, this reviewer would not have recommended the request as medically necessary.

1 Topical cream - Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The use of topical compounded medications including analgesics such as tramadol is not well established in the clinical literature and is considered largely experimental and investigational. In this case, there is no indication that the injured worker had failed a

reasonable trial of oral medications including oral tramadol or that standard oral medications were either contraindicated or not tolerated. Given the lack of indications regarding the use of topical compounded medications in this case, this reviewer would not have recommended the request as medically necessary.