

Case Number:	CM14-0050556		
Date Assigned:	06/25/2014	Date of Injury:	05/02/2013
Decision Date:	07/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for mid and low back pain associated with an industrial injury of May 2, 2013. Thus far, the applicant has been treated with analgesic medications, topical compounds, transfer of care to and from various providers in various specialties, and unspecified amounts of chiropractic manipulative therapy while remaining off of work, on total temporary disability. In an initial progress note dated May 29, 2013, the applicant presented with multifocal upper back and mid back pain. The applicant was using Mobic, Norco, and antidepressants, but had not received any physical therapy or manipulative therapy through that point in time. Limited lumbar range of motion was noted. The applicant was given diagnoses of thoracic strain, lumbar strain, depression, anxiety, and sleep disturbance. The applicant was placed off of work, on total temporary disability. Several medications were furnished, including FluriFlex, Medrox, Relafen, omeprazole, and an interferential unit. The applicant was asked to pursue 12 sessions of physical therapy while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for FluriFlex 180mg between 5/29/2013 and 5/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of oral Norco and Mobic effectively obviated the need for topical agents such as FluriFlex, which are not recommended. Therefore, the request is not medically necessary.

1 prescription for Medrox patches #60 between 5/29/2013 and 5/29/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of oral Norco and Mobic effectively obviated the need for topical agents such as Medrox, which are not recommended. Therefore, the request is not medically necessary.

1 prescription for Omeprazole 20mg between 5/29/2013 and 5/29/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Prilosec Medication Guide.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable to this subacute pain case. As noted by the Food and Drug Administration (FDA), omeprazole, a proton pump inhibitor, is indicated in the treatment of gastroesophageal reflux disease, erosive esophagitis, duodenal ulcers, and/or gastric ulcers. In this case, however, there is no evidence that the applicant had any such history of reflux, heartburn, dyspepsia, peptic ulcer disease, duodenal ulcer, erosive esophagitis, etc. for which usage of omeprazole would have been indicated. Therefore, the request is not medically necessary.

1 quantitative Functional Capacity Evaluation between 5/29/2013 and 6/10/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Functional Capacity Evaluations, Official Disability Guidelines - Functional Capacity Evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 2, suggest considering a functional capacity evaluation when necessary to translate functional impairment into limitations and restrictions, in this case, the request was initiated under one month removed from the date of injury. No accompanying rationale was attached to the request for authorization. The applicant was off of work, on total temporary disability, as of the date of the request. It did not appear that the applicant later returned to the workplace and/or workforce and/or was intent upon doing so. Therefore, the request is not medically necessary.