

Case Number:	CM14-0053378		
Date Assigned:	07/07/2014	Date of Injury:	06/26/2003
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

This 46 year-old patient sustained an injury on 6/26/03 while employed by [REDACTED]. Request under consideration include Flubiprofen 25 percent, Menthol 10 percent, Camphor 3 percent, Capsaicin 0.0375 percent: 30gm and Prilosec 20mg capsule #90. Report of 6/27/12 from neurosurgical provider noted patient with chronic pain with medications being helpful. Exam showed well-healed cervical spine incision with full range of motion intact and tenderness of spinous process. X-rays showed hardware of C5-7 and no other significant abnormality detected. Treatment included meds, topical compound creams, and EMG/NCS. The patient remained TTD. Hand-written somewhat illegible report of 11/25/13 noted patient spoke to psychiatrist who recommended d/c Paxil; patient feels persistent pain and inflammation. Exam showed C/s well healed incision; positive tenderness of paraspinals; decreased range secondary to ; right hand with positive Tinel's/Phalen's. Treatment included referral to hand surgeon regarding CTS for injection; psychiatry follow up, x-rays and MRI of the cervical spine. The patient remained not working. Hand-written report of 2/28/14 from the provider noted the patient with chronic right wrist pain radiating up to cervical spine. The sharp pain in the neck was resolved with medications. Exam showed unchanged findings with tenderness of the cervical paraspinals and the right wrist with positive Tinel's and Phalen's. Diagnoses included cervical radiculitis/neuritis; the patient is s/p cervical fusion of C5-7 on 1/11/11. Medications list include Percocet, Colace, Doral, Naproxen, Flurbiprofen, Prilosec, and Oxycontin. The request for Flubiprofen 25 percent, Menthol 10 percent, Camphor 3 percent, Capsaicin 0.0375 percent: 30gm and Prilosec were not medically necessary on 3/28/14 the citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 25 percent, Menthol 10 percent, Camphor 3 percent, Capsaicin 0.0375 percent: 30gm: 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, page(s) 111-113, Largely experimental in use with few randomized controlled trials to determine efficacy or safety Page(s): 111-113.

Decision rationale: There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. It is unclear why concurrent topical and oral NSAID are prescribed for this patient. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2003 without documented functional improvement from treatment already rendered with the patient remaining off work. The Flubiprofen 25 percent, Menthol 10 percent, Camphor 3 percent, Capsaicin 0.0375 percent: 30gm is not medically necessary and appropriate.

Prilosec 20mg capsule #90: 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 Section on NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The request for Prilosec was deemed not medically necessary on 3/28/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely it is reserved for patients with a history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg capsule #90 is not medically necessary and appropriate.