

Case Number:	CM14-0067016		
Date Assigned:	07/14/2014	Date of Injury:	10/29/2013
Decision Date:	11/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

11/21/13 note indicate pain in the thoracic and lumbar spine. Pain is constant and reported as severe. Medications of etodolac, orphenadrine, acetaminophen, and polar frost are reported. Diagnosis of back pain was reported. 11/13/13 note indicates pain with recommendation for stretching and myofascial release. 4/9/14 note indicates pain in the neck and upper back. Acupuncture was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Page(s): 111.

Decision rationale: MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). Medrox cream may be used in peripheral joint arthritis such as knee and is not supported under

MTUS for use on spine. The medical records note spine pain. As such the medical records provided for review do not support use of medrox cream congruent with MTUS guidelines.

Omeprazole DR 20mg #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaid's Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for omeprazole in the insured.

Carisoprodol 350mg #60, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol Page(s): 29.

Decision rationale: MTUS guidelines do not support long term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured.