MAXIMUS Federal Services

Case Number:	CM14-0070257		
Date Assigned:	07/14/2014	Date of Injury:	04/26/1999
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/15/2014

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 and is licensed to practice in Nevada. 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 56-year-old gentleman who was reportedly injured on April 26, 1999. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note dated April 23, 2014, indicates that there are ongoing complaints of radicular pain radiating down the upper extremities on the left greater than the right side. The physical examination demonstrated pain with range of motion of the cervical spine. There was an absent left-sided bicep reflex and a trace bicep reflects on the right side. Muscle strength was 5/5 of the upper extremities. Diagnostic imaging studies of the cervical spine revealed a disc protrusion at C3 - C4 and cord compression with right foraminal compromise at C5 - C6. Previous treatment includes physical therapy, epidural steroid injections, chiropractic care and oral medications. A request was made for Protonix, ibuprofen, and Enovarx cream and was not certified in the pre-authorization process on may first 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix tablets 1 month supply between 4/29/14 and 6/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The injured employee is stated to have difficulty tolerating anti-inflammatory medications such as ibuprofen but has switched to enter code Ibuprofen 200 mg. Considering this, the request for Protonix is not medically necessary.

Ibuprofen Tablets 1 month supply between 4/29/14 and 6/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Anti-Inflammatory medications are the traditional first-line treatment to reduce pain so activity in functional restoration can resume. According to the progress note dated April 23, 2014, the injured employee was having difficulty tolerating ibuprofen. It was stated that medications were switched to enteric coated Ibuprofen 200 mg for these reasons. This request for ibuprofen does not indicate the dosage or whether it is enteric coated. Considering this, this request for ibuprofen is not medically necessary.

Enovax 10% 120 gram cream between 4/29/14 and 6/13/14: 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 Page(s): 111-113.

Decision rationale: Enovax cream is a compound consisting of Hyaluronic Acid, Vitamin E and Green Tea. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. Furthermore there is no indication for Enovax cream in treating the injured employee cervical spine pain Considering this, the request for Enovax cream is not medically necessary.