

<b>Case Number:</b>	CM14-0079224		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 a filed a claim for chronic neck pain reportedly associated with an industrial injury of January 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation, transfer of care to and from various providers in various specialties; opioid therapy, unspecified amounts of physical therapy, topical agents, and work restrictions. In a utilization review report dated May 7, 2014, the claims administrator denied a request for topical Medrox and oral omeprazole. The applicant's attorney subsequently appealed. In July 10, 2014 progress note, the applicant reported persistent complaints of neck, low back, and shoulder pain. Chiropractic manipulative therapy and 12 sessions of physical therapy were endorsed. Medrox, omeprazole, orphenadrine, and Norco were also endorsed. The applicant was described as permanently and partially disabled. It was not stated whether or not the applicant was working with permanent limitations in place. There is no discussion of medication efficacy. In an earlier note dated April 24, 2014, the applicant was given refills of Medrox, omeprazole, orphenadrine, and Norco. Again, there was no discussion of medication efficacy and no mention of any issues with reflux. On February 27, 2014, the applicant received a shoulder corticosteroid injection. Permanent work restrictions were renewed. On February 6, 2014, the applicant expressed some hesitation about taking pain medications. Nevertheless, the attending provider went on to refill Medrox, Norco, omeprazole, and orphenadrine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Ointment 120gm with two (2) refills, apply twice a day (BID): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck & Upper Back (Acute & Chronic) (updated 4/14/2014).

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic and topical compound such as Medrox are deemed, as a class: "largely experimental." In this case, no rationale for selection and/or ongoing usage of Medrox was furnished by the attending provider. The applicant's ongoing usage of numerous other first line oral pharmaceuticals, including Norco and Norflex, effectively obviated the need for the same. Therefore, the request was/is not medically necessary.

**Omeprazole DR 20mg one (1) by mouth (PO) every day (QD) #30 with two (2) refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck & Upper Back (Acute & Chronic) (updated 4/14/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton-pump inhibitor such as omeprazole to combat issues with NSAID induced dyspepsia, in this case, however, there were no clearly voiced issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone, present on any of the office visits in questions referenced above. Therefore, the request was not medically necessary.