

Case Number:	CM14-0090900		
Date Assigned:	09/10/2014	Date of Injury:	12/24/2003
Decision Date:	12/30/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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 injured worker (IW) is a 53-year-old woman with a date of injury of December 24, 2003. The mechanism of injury was not documented in the medical record. Pursuant to the most recent (handwritten, and partly illegible) progress note dated February 18, 2014, the IW complains of low back pain radiating into both legs with numbness and tingling that is unchanged. She has constant moderate to severe pain. She is scheduled for L/S surgery on February 20, 2014. Objective physical findings revealed L/S: no swelling, tender paraspinals with (?-illegible) mild spasms/guarding. Positive straight leg raise test bilaterally. Decreased sensation to bilateral L4-S1 dermatomes bilaterally. The IW was diagnosed with L/S sprain/strain with bilateral lower extremity radiculopathy, 2 mm disc bulge at L4-S1, positive (?-illegible), coccygodynia, bilateral SI joint sprain, and GI bleed secondary to medication use. Current medications include Tylenol #3, Zanaflex, Neurontin, and Ultracin lotion, and Prilosec 20mg. Documentation indicated that the IW has been taking Zanaflex since at least October 29, 2013. The provider is recommending medication refills, and to proceed with scheduled L/S surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Lotion 120ml x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracin lotion #120 MLs with one refill is not medically necessary. Ultracin contains menthol, methyl salicylates and capsaicin. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. In this case, the treating physician requested Ultracin lotion. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended, is not recommended. Consequently, Ultracin is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ultracin #120 MLs with one refill is not medically necessary.

Prilosec 20mg x 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAID and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg # 30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated when patients are at risk for certain gastrointestinal events. These risks include, but are not limited to, a greater than 65 years; history of peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin, steroids, or anticoagulants; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker does possess comorbid conditions and past medical history commensurate with risk factors for taking proton pump inhibitors (GI bleeding secondary to medication). There is no history of peptic ulcer disease, concurrent aspirin or steroid use or multiple nonsteroidal anti-inflammatory drug use. The medical records demonstrate the injured worker has a history of GI bleeding secondary to medication use. The record does not state what specific medication caused the GI bleeding. Furthermore, the review of systems (GI) indicated constipation only, The remainder is negative. Consequently, in the absence of risk factors the request for Prilosec 20 mg #30 is medically necessary.