

Case Number:	CM13-0017423		
Date Assigned:	12/27/2013	Date of Injury:	05/22/2009
Decision Date:	12/10/2015	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/28/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 41 year old male with an industrial injury dated 05-22-2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, knee pain and foot and ankle pain. Request for authorization dated 08-02-2013, included requests for Omeprazole delayed release capsules, 20mg #120 for date of service 07-31-2013 and Medrox Patch QTY: 30 date of service 07-31-2013. Medical documentation did not include any information prior to 08-02-2013. The utilization review dated 08-16-2013, non-certified the request for Omeprazole delayed release capsules, 20mg #120 for date of service 07-31-2013 and Medrox Patch QTY: 30 date of service 07-31-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DELAYED RELEASE CAPSULES, 20MG #120, DOS 7/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs), including omeprazole. In general, PPIs are used to treat patients at risk for a serious gastrointestinal (GI) event, including a GI ulcer or perforation. Clinicians should determine if the patient is at risk for gastrointestinal events. The following are the risk factors associated with these GI events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the medical records do not indicate that the patient is at risk for a GI event. The patient is under 65 years of age. There is no documented history of a GI event. Further, there is no evidence that the patient is on an anticoagulant or on high dose/multiple NSAIDs. For these reasons, omeprazole is not medically necessary.

MEDROX PATCH #30 DOS 7/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including the components of the Medrox Patch (methyl salicylate, menthol and capsaicin). The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the component Capsaicin, these MTUS guidelines state the following: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the medical records provide insufficient information to support the use of a topical analgesic. There is insufficient evidence that the patient has received an adequate trial of first-line agents to include antidepressants and anticonvulsants. Further, there is insufficient evidence that the patient meets the criteria necessary to support the use of Capsaicin. Specifically: that the patient has not responded or is intolerant to other treatments. For these reasons, the Medrox Patch is not medically necessary.