

Case Number:	CM14-0120413		
Date Assigned:	08/04/2014	Date of Injury:	04/19/2013
Decision Date:	01/02/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Rehabilitation, has a subspecialty in Pain 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's original date of injury was April 19, 2013. The industrial diagnoses include chronic knee pain, sprain of the lateral collateral ligament of the knee, ankle sprain, terror of medial cartilage of the knee, and arrangement of the anterior horn of the medial meniscus of the left knee. The disputed issues include a request for Capsaicin patch and Omeprazole. A utilization review determination on June 24, 2014 had denied these requests. The rationale for the denial of the Capsaicin patch was that there was "no documentation to indicate a failure of first-line oral medications." With regard to the Omeprazole, the documentation "does not note any complaints of G.I. symptoms or identify significant increase risk."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 po (by mouth) qd (every day) # 30 DOS 05/02/2014: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the

indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal 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 the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. The patient does not have documentation of upper GI series or endoscopy, although a prior work-up of flank pain by abdominal CT was negative in April 2005. Given this lack of clear identified GI risk, this request is not medically necessary.

Capsaicin Patch x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: Regarding request for Capsaicin patch, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of Capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy. Finally, in this case the I was not able to determine the exact site and frequency with which the patient applied this patch. In the absence of clarity regarding those issues, the currently requested Capsaicin topical is not medically necessary.