

Case Number:	CM14-0187335		
Date Assigned:	11/17/2014	Date of Injury:	02/28/2011
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This individual is a 55-year-old male who has developed a chronic cervical and lumbar pain subsequent to an injury dated 2/28/11. He is described to have cervical pain VAS score 4/10 on daily basis and lumbar pain VAS scores 8/10 on a daily basis. The lumbar pain is reported to be radicular with L5S1 diminished sensation on the left side. There are no changes in reported pain levels for several months. There are no detailed benefits from medications and no improvements in function are documented. There is no documented monitoring of the use of Sumatriptan and the pain consultant does not mention any ongoing problems with migraine headaches. He is also receiving psychological support for reported depression and rumination regarding his condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Medrox pain relief ointment 120 gm, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5b171000-a3d7-4adf-817f-1eba14773e0a>

Decision rationale: MTUS Guidelines are very specific stating that if an ingredient is not Guideline recommended the compound is not recommended. Medrox is a compound of over the counter Menthol plus a strength of Capsaicin that Guidelines specifically state is not medically necessary. The Medrox is not Guideline supported and there are no unusual circumstances to justify an exception to Guidelines. The Medrox is not medically necessary.

Retrospective request for Omeprazole delayed release capsules 20 mg # 120, DOS 5/31/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

Decision rationale: Guidelines do not support the routine use of proton pump inhibitors (Prilosec) as these drugs are not benign. Long-term use of this class of medications is associated with increased fractures, lung infections and biological metals dysregulation. Prilosec is not recommended unless there are specific risk factors present when chronic NSAIDs are utilized or when there are other specific GI problems associated with medications. These qualifying conditions are not documented. The Prilosec 20mg. #120 is not medically necessary.

Retrospective request for Sumatriptan succinate tablets 25 mg # 9, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24-28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/monograph/sumatriptan-succinate.html>

Decision rationale: MTUS Guidelines do not specifically address this medication, but MTUS Guidelines provide guidance regarding adequate documentation to make a diagnosis and support treatment. The prescribing physician does not meet these standards. Sumatriptan is a drug that is to be utilized with the onset of migraine headaches. The prescribing physician does not document adequate details regarding the appropriate use of this potent medication. There is no documentation of the frequency, intensity and specific characteristic of the head pain. There is no specific documentation of how Sumatriptan is being utilized. Under these circumstances, the Sumatriptan is not medically necessary.

Retrospective request for Cyclobenzaprine Hydrochloride tablets 7.5 mg # 120, DOS 5/31/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines do not support the chronic daily use of Cyclobenzaprine. There are no unusual circumstances to support an exception to the Guideline recommendations. The Cyclobenzaprine is not medically necessary.