

Case Number:	CM14-0199449		
Date Assigned:	12/09/2014	Date of Injury:	10/28/2010
Decision Date:	01/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/28/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 51 year old male who suffered a work related injury on 10/28/10. He was stacking weights and bent down to put the bar back in place on the race. Upon standing erect, he felt the immediate onset of a sharp pain in his lower back. He continued to lift the 50 pound bar for a few seconds to see if the pain would decrease. Afterwards he treated his back with ice, and was sent home to rest. That evening the low back pain persisted and radiated up to his neck and bilateral shoulders as well as down his legs bilaterally. He was seen by a physician the following day, but no treatments or diagnostic exams were done. He underwent chiropractic treatments for a few months, consisting of electrical muscle stimulation, manipulation, and massages, which provided only minimal relief. In 2011 he was referred for pain management and was evaluated with x-rays and MRI scans of his lower back with undisclosed results. He was prescribed Norco and Soma for his symptoms. He was recommended for acupuncture, which was denied by his insurance. He maintained monthly consultations, and pain medications. He was recommended to undergo surgery, which insurance denied. He has received chiropractic treatments on an as needed basis. From 2011 through 2012 he developed sexual dysfunction, sleeping problems, and the onset of frequent headaches. In 2012 he developed depression and stress. Per the physician notes from 02/12/14 he complains of lower back and bilateral leg pain, sleep disturbance, stress, and depression. Diagnoses include acid reflux aggravated by NSAIDS, constipation due to narcotics, , bright red blood per rectum due to hemorrhoids, irritable bowel syndrome, hemorrhoids due to constipation, sleep dysfunction, and sexual dysfunction, orthopedic and psychiatric diagnosis. Medications include Ambien, Soma, Zantac, Tramadol cream, Dexilant, Amitiza, Sentra Am and PM, and Anusol cream. The recommended treatments are Anusol cream and Prilosec. These treatments were denied by the claims Administrator on 11/05/14 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anusol HC Cream, 1 month supply. Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI cardiocascular symptoms, cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Topical Analgesics Page(s): 68-69; 111-113.

Decision rationale: Anusol HC Cream, 1 month supply and Prilosec 20mg #30 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are often compounded as monotherapy or in combination for pain control including NSAIDs. There is little to no research to support the use of many of these agents. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation indicates that the patient has had an episode of bright red blood per rectum due to hemorrhoids from constipation secondary to narcotics. The documentation indicates the patient was told to avoid NSAIDs due to acid reflux. The documentation indicates that the patient was prescribed Prilosec and Anusol in February of 2014 but there is no documentation submitted of the response to these medications. Additionally, the request does not specify a body part and frequency for Anusol. Without documentation of efficacy of the use of these medications and without the frequency and body part clarified in the request of topical cream the request for Anusol HC Cream, 1 month supply and Prilosec 20mg #30 are not medically necessary.