

Case Number:	CM14-0201976		
Date Assigned:	12/12/2014	Date of Injury:	09/28/2013
Decision Date:	01/30/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice and is licensed to practice in New Jersey. 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 29 year-old male who was injured 9/28/13 when he slipped carrying a heavy load. The patient had lower back pain, right ankle pain. On exam, he had tender lumbar paraspinal muscles and positive facet load at L5-S1. Lumbar MRI showed disc degeneration and protrusion at L5-S1 with mild central spinal canal and mild bilateral recess stenosis, as well as mild facet arthrosis. The patient was diagnosed with low back pain, lumbar spine disease, facet arthrosis, degenerative disease, and ankle sprain. His medications included Naproxen, Omeprazole, and Dendracin, with "benefit but no side effects". Ibuprofen caused stomach pain and makes him sleepy. The patient had 12 sessions of physical therapy with some benefit. The provider recommended chiropractic treatment, lumbar brace, and TENS unit. The current request is retrospective prescription for Anaprox, Omeprazole, and Dendracin which was denied by utilization review on 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Anaprox 550 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Anaprox is not medically necessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's back and ankle pain have been treated with NSAIDs, but there was no documentation of objective functional improvement and quantitative improvement in pain scores. The patient had stomach pain caused by Ibuprofen. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is not medically necessary.

Retrospective: Omeprazole 20 MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI, NSAIDs, GI risk.

Decision rationale: The request for Omeprazole is not medically necessary. Official Disability Guidelines were used as MTUS does not address the use of Omeprazole. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. Anaprox is considered not medically necessary. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Retrospective: Dendracin 120 MI #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 111-113, 104.

Decision rationale: Dendracin (Methyl Salicylate, Capsaicin, Menthol) topical lotion is not medically necessary. According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain and may improve his back and ankle pain. However, there are no guidelines for the use of Menthol with the patient's complaints. Dendracin has Capsaicin 0.0375% which according to MTUS has not been studied and there is no current indication and that increase over the standard 0.025% formulation is more efficacious. The request is not medically necessary.