

Case Number:	CM14-0208172		
Date Assigned:	01/13/2015	Date of Injury:	08/16/2012
Decision Date:	02/10/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/12/2014

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 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 43 year-old patient sustained an injury on 8/16/12 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Medrox pain relief ointment with 2 refills and 30 Omeprazole Dr 20mg with 2 refills. Diagnoses include neck sprain; lumbar sprain/strain; and internal knee derangement. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic symptom complaints to the cervical, lumbar, and left knee. Report of 11/10/14 from the provider noted the patient with no significant improvement since last visit. Exam showed unchanged findings of tenderness and spasm at the cervical and lumbar paravertebral muscles with restricted range in all planes; positive SLR on left; slight left knee effusion with joint line tenderness and positive McMurray's; and intact motor strength and sensation in lower extremities. Treatment included continuing with medications. The request(s) for 1 prescription of Medrox pain relief ointment with 2 refills and 30 Omeprazole Dr 20mg with 2 refills were non-certified on 11/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Medrox pain relief ointment with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox Patches contains [Capsaicin/Menthol/Methyl Salicylate]. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, formulation of Capsaicin 0.0375% in Medrox patches over 0.025% has not been shown to be more efficacious. 1 prescription of Medrox pain relief ointment with 2 refills is not medically necessary and appropriate.

30 Omeprazole Dr 20mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 30 Omeprazole Dr 20mg with 2 refills is not medically necessary and appropriate.