

Case Number:	CM15-0130287		
Date Assigned:	07/16/2015	Date of Injury:	08/02/2009
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female with an industrial injury dated 08/02/2009. Her diagnoses included pain in right knee, pain in sacroiliac, lower back pain, pain in right shoulder region, neck pain and pain in right ankle. Prior treatment included chiropractic care (approximately six treatments) which she stated was helpful. Other treatments were diagnostics, orthopedic consult, injections into her knee and medications. She presents on 06/17/2015 with persistent lower back pain. She rated the pain as 8-10/10 during "flare ups". Right shoulder pain is worse when doing chores such as mopping, sweeping and wiping. Objective findings noted tenderness to palpation of lumbar spine. She was rigid with her lumbar spine when getting out of the chair and used her arms to push off. She had a slow waddling gait. Prior diagnostics included: MRI of right shoulder (06/05/2014) showing full thickness 1 centimeter tear of distal supraspinatus tendon; MRI of lumbar spine (06/24/2014) showed lumbar 5-sacral 1 mild annular disc bulge and broad based 4 mm right posterior lateral extrusion; MRI of right knee (06/24/2014) showed root tear at the posterior root attachment of the medial meniscus with subluxation of meniscal tissue into the medial joint line. The above reports are documented by the provider. The formal reports are not included in the submitted record. The provider notes medications help reduce the injured worker's pain to 4/10 which helped improve her mobility. Documentation notes the injured worker has been unable to get the medication Nexium which helped reduce the burning in her stomach from the medications. Treatment plan included medications to include

Meloxicam, Tylenol, Nexium, Zanaflex and icy hot patches. She was to follow up in one month. The treatment request is for Esomeprazole Magnesium 40 mg #30 (Nexium) and Icy hot back pad 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esomeprazole Magnesium 40 mg #30: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Nexium (esomeprazole), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there are complaints of dyspepsia secondary to NSAID use, but there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). In the absence of such documentation, the currently requested Nexium (esomeprazole) is not medically necessary.

Icy hot back pad 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: Regarding request for Icy Hot back pad, it is noted that this utilizes a topical analgesic. The California MTUS cites that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, the California MTUS criteria outlined above have not been met. In light of the above issues, the currently requested Icy Hot back pad is not medically necessary.