

Case Number:	CM15-0146267		
Date Assigned:	08/07/2015	Date of Injury:	05/05/2011
Decision Date:	09/03/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency Medicine

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 46 year old male, who sustained an industrial injury on 5-5-11. The diagnoses have included lumbar strain and sprain with disc bulges, right knee meniscal tear, status post right wrist open reduction internal fixation (ORIF) status post cerebral concussion and skull fracture status post left wrist open reduction internal fixation (ORIF), cervical strain and sprain with right upper extremity radiculopathy and post-traumatic stress disorder. Treatment to date has included medications, activity modifications, surgery, bracing-splinting, physical therapy and other modalities. Currently, as per the physician progress note dated 6-16-15, the injured worker complains of lumbosacral pain right knee pain, cervical spine pain and bilateral wrist pain. The injured worker reports constipation, weight gain, stress, dry mouth, gastritis, depression, anxiety and sleep disturbance. The physical exam reveals difficulty rising from sitting position, cervical tenderness bilaterally with spasm, and decreased cervical range of motion with pain noted. The current medications included Prilosec, Flurb-Cap-Menthol Cream and Zolpidem as needed. The urine drug screen dated 5-11-15 was inconsistent with the medications prescribed. The physician requested treatments included Prilosec 20 MG #30 with 1 Refill and Flurb-Cap-Menthol Cream with 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG #30 with 1 Refill: 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 NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Prilosec 20 MG #30 with 1 Refill is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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) "and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has lumbosacral pain right knee pain, cervical spine pain and bilateral wrist pain. The injured worker reports constipation, weight gain, stress, dry mouth, gastritis, depression, anxiety and sleep disturbance. The physical exam reveals difficulty rising from sitting position, cervical tenderness bilaterally with spasm, and decreased cervical range of motion with pain noted. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20 MG #30 with 1 Refills not medically necessary.

Flurb/Cap/Menthol Cream with 1 Refill: Upheld

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

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

Decision rationale: The requested Flurb/Cap/Menthol Cream with 1 Refill, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lumbosacral pain right knee pain, cervical spine pain and bilateral wrist pain. The injured worker reports constipation, weight gain, stress, dry mouth, gastritis, depression, anxiety and sleep disturbance. The physical exam reveals difficulty rising from sitting position, cervical tenderness bilaterally with spasm, and decreased cervical range of motion with pain noted. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurb/Cap/Menthol Cream with 1 Refill is not medically necessary.