

Case Number:	CM15-0193385		
Date Assigned:	10/07/2015	Date of Injury:	08/09/2010
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on 08-09-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical facet syndrome, lumbar pain with radicular symptoms, headaches and nose bleeds. Medical records (01-17-2015 to 06-25-2015) indicate ongoing neck and low back pain. Pain levels were 8 out of 10 on a visual analog scale (VAS) for the neck and 6 out of 10 for the low back. There were also reports of headaches and difficulty breathing through his nose. Records did not address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with self-imposed restrictions. The physical exam, dated 06-25-2015, revealed tenderness to palpation over the paraspinal muscles, straightening of the normal lordotic curvature in the cervical spine, trigger point myospasms in the cervical region, and positive cervical compression test bilaterally. Relevant treatments in the last 9 months have included work restrictions, and medications (naproxen and capsaicin cream, naproxen tablets, and omeprazole since at least 01-17-2015). The request for authorization (09-04-2015) shows that the following medications were requested: topical naproxen and capsaicin, naproxen tablets, and omeprazole. The original utilization review (09-11-2015) non-certified the request for topical naproxen and capsaicin, naproxen tablets, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream: Naproxen/Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Naproxen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant was on topical Naproxen as well. The claimant had been on it for at least a month. The topical/Capsaicin not medically necessary.

Naproxen tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain score reduction with the use of the medication was not noted. Continued use of Naproxen is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The continued use of Naproxen as above is not necessary. Therefore, the continued use of Omeprazole is not medically necessary.