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| Case Number: | CM15-0206261 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 08/27/2015 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of August 27, 2015. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve requests for Prilosec and a topical compounded cream. The claims administrator referenced a September 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a Doctor's First Report (DFR) dated September 15, 2015, the applicant reported ongoing complaints of wrist, hand, and elbow pain reportedly attributed to cumulative trauma at work. X-rays of the wrist, a wrist support, the topical compound at issue, and physical therapy were endorsed while the applicant was seemingly kept off of work. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date. Overall commentary was sparse. The attending provider did suggest that the applicant continue naproxen furnished by the emergency department. Prilosec was seemingly prescribed. However, there was no mention of why and/or for what purpose Prilosec had been prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd edition, Hip and Groin Disorders, page, 69.

Decision rationale: No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, it was not explicitly stated for what issue, diagnosis, and/or purpose Prilosec had been prescribed for on the September 15, 2015 DFR at issue. There was no mention of the applicant's having any active issues with reflux, heartburn, and/or dyspepsia on that date. The attending provider did not, moreover, explicitly state that Prilosec was being employed for cytoprotective effect purposes. While the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter notes that cytoprotective medications such as Prilosec can be employed in applicants who are at increased risk for GI bleeding, ACOEM notes that at-risk individuals include those individuals with a history of prior GI bleeding, the elderly, diabetics, and cigarette smokers. Here, however, no such history of diabetes, smoking, prior GI bleeding, etc., was furnished on the September 15, 2015 DFR at issue. Therefore, the request was not medically necessary.

Transdermal cream Flurlido-A (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%), 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Similarly, the request for a topical compounded flurbiprofen-lidocaine-amitriptyline-containing compound was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the compound at issue are deemed not recommended. Here, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals in the form of oral naproxen effectively obviated the need for the topical compounded agent in question. Therefore, the request was not medically necessary.