

Case Number:	CM15-0207568		
Date Assigned:	10/26/2015	Date of Injury:	10/17/2013
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female who sustained an industrial injury on 10-17-13. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine discogenic pain - muscle spasms and lumbar spine radiculopathy. Subjective complaints (7-21-15) include constant cervical spine pain rated at 8 out of 10 to bilateral upper extremities and constant lumbar spine pain rated at 8 out of 10 to the left lower extremity with tingling and burning pain. Objective findings (7-21-15) include cervical spine spasms, tenderness, decreased range of motion with pain, positive Spurling's, lumbar spine spasm, + sciatica, and decreased range of motion. Previous treatment includes home exercise, aqua therapy, Ibuprofen, Tramadol, Prilosec (since at least 7-7-15), and Methoderm Cream (since at least 7-7-15). The treatment plan includes Ibuprofen, Prilosec, Methoderm Cream, acupuncture for the cervical spine and shoulder - 8 visits. On 9-29-15, the requested treatment of Methoderm cream and Prilosec (Omeprazole) 20mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm cream: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Prilosec (Omeprazole) 20mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec). In this particular case there is insufficient evidence in the records from 7/21/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for Prilosec is not medically necessary and non-certified.