

Case Number:	CM15-0028191		
Date Assigned:	02/20/2015	Date of Injury:	01/02/2014
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/13/2015

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 30-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and myofascial pain syndrome reportedly associated with an industrial injury of January 2, 2014. In a Utilization Review Report dated February 9, 2014, the claims administrator failed to approve requests for omeprazole and a Biofreeze gel. A January 21, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported persistent complaints of neck pain, shoulder pain, depression, and anxiety. The applicant did have issues with chronic pain syndrome and fibromyalgia. The applicant's medications included Biofreeze gel, Motrin, Levoxyl, MiraLax, Prilosec, and Desyrel, it was incidentally noted. The applicant was obese, with BMI of 34. The applicant received a trigger point injection in the trapezius region. There was no mention of any issues with reflux, heartburn, and dyspepsia on this occasion, either in the body of the report or in the review of symptoms section of the same. The applicant was placed off of work, on total temporary disability. On January 24, 2015, the applicant was using Biofreeze, Motrin, Levoxyl, MiraLax, Prilosec, and Desyrel. Multifocal pain complaints were appreciated. Multiple medications were renewed. It was stated that omeprazole was being prescribed in conjunction with ibuprofen. It was not stated, however, whether omeprazole was being employed for actual symptoms of reflux or for prophylactic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 69 of 127.

Decision rationale: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69, of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, there was no clear discussion or mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, evident on progress notes of late 2014 and early 2015, referenced above. Therefore, the request was not medically necessary.

Biofreeze topical gel 4%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174;204. Decision based on Non-MTUS Citation Shop for biofreeze on Google"Biofreeze Pain-Relieving Gel,4oz, Tube,Each""Biofreeze Pain Relievin \$11.99 Rehab-Store Special offer Special offer BioFreeze 11-1031-1 Lotion 4 Oz. TubeBioFreeze 1110311 Lot \$22.49WalmartBioFreeze 11-1030-12 Lotion 4 Oz. Tube with Touch-Free Applicator Box of 12BioFreeze 11?103012 L \$149.41Walmart BioFreeze 11-1038-1 Cryospray 16 Oz. Professional Size BioFreeze 1110381 Cry \$42.37WalmartBiofreeze Gel One Gallon with ilex (Pump Included) Biofreeze Gel One Gallon wi \$129.22 Pro Therapy S BIOFREEZE Pain Relieving Spray with ILEX, 16 fl oz BIOFREEZE Pain Relievin \$45.99 Drugstore.com(14)BioFreeze 11-1032-12 Lotion 3 Oz. Roll-On Box of 12 BioFreeze 11103212 L \$163.60WalmartBioFreeze 11-1037-1 Cryospray 4 Oz. Patient SizeBioFreeze 1110371 Cry \$22.24Walmart.

Decision rationale: Similarly, the request for Biofreeze topical gel was likewise not medically necessary, medically appropriate, or indicated here. Per the product description, Biofreeze gel represents a means of delivering cold therapy. While the MTUS Guidelines, in ACOEM Chapter 8, Table 8-8, page 174 and ACOEM Chapter 9, Table 9-3, page 204 do acknowledge that at-home local applications of heat and cold are recommended as methods of symptom control for neck, upper back, and shoulder pain complaints. As were/are present here, by analogy, ACOEM does not support more elaborate or more expensive means of delivering cryotherapy. The Biofreeze gel ranges anywhere from 12 dollars to 163 dollars in cost, which, per page 47 of the ACOEM Practice Guidelines, should be factored into to an attending provider's choice of

recommendations. It was not clearly stated or established why provision of Biofreeze gel would be superior to the at-home local applications of heat and cold espoused by ACOEM in Chapter 8, Table 8-5, page 174 and Chapter 9, Table 9-3, page 204. Therefore, the request was not medically necessary.