

Case Number:	CM15-0217957		
Date Assigned:	11/09/2015	Date of Injury:	08/11/2014
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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 58 year old female, who sustained an industrial injury on 08-11-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbar sprain and strain, right elbow lateral epicondylitis, right wrist strain, flexor-extensor tendinitis and De Quervain's and bilateral thumb carpometacarpal arthralgia. Nerve conduction studies of the bilateral lower extremities on 07-21-2015 showed no electrical evidence of a lumbar radiculopathy or plexopathy or peripheral neuropathy or mononeuropathy. Treatment has included Dendracin lotion (since at least 02-23-2015), Prilosec (since at least 02-23-2015), injections, back brace, chiropractic therapy, massage therapy and acupuncture. Subjective complaints (06-22-2015) included low back, right elbow and right wrist pain. Objective findings showed tenderness to palpation of the lateral greater than medial epicondyle of the right elbow, positive Cozen's sign of the right elbow, tenderness to palpation of the right wrist at flexor-extensor tendons and 1st extensor and positive Finkelstein's. Subjective complaints (08-04-2015) included increased low back pain radiating to the right lower extremity that was rated as 7-8 out of 10, right wrist pain rated as 4-5 out of 10 and had recent hospitalization due to chest pain. Objective findings showed lumbar paravertebral muscle guarding and spasm, positive straight leg raise on the right at L5-S1 with decreased sensation of S1 and decreased range of motion. Subjective complaints (10-20-2015) included low back pain radiating to the right lower extremity that was rated as 6-7 in the low back and 3-4 in the right upper extremity. The worker also reported gastrointestinal distress from medications. Objective findings (10-20-2015) included right greater than left lumbar paravertebral tenderness, muscle guarding, asymmetric motion loss, positive right straight leg raise, sensory loss of L5-S1 on the right, right wrist, forearm, elbow

tenderness and pain and crepitus of the bilateral thumb carpometacarpal. The plan of care included a request for internal medication consult due to GI distress secondary to medication and to refill medications. Dendracin was noted to decrease pain from 8 out of 10 to 5 out of 10 and to provide 4-6 hours of pain relief. Medications were noted to allow the worker to better complete housework and bathing-self-care and to allow the worker to be able to work. Side effects were noted as nausea. A utilization review dated 10-28-2015 non-certified requests for Prilosec 20 mg #60 and Dendracin lotion 120 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated 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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. 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 10/20/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for Prilosec is not medically necessary and non-certified.

Dendracin Lotion 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Dendracin is composed of methyl salicylate/benzocaine/menthol. 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." According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.