MAXIMUS Federal Services

Case Number:	CM15-0043492		
Date Assigned:	03/13/2015	Date of Injury:	09/06/2011
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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
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 injured worker is a 52 year old female who sustained an industrial injury on 9/6/11. The injured worker reported symptoms in the neck, back and left upper extremity. The injured worker was diagnosed as having cephalgia status post extensive cervical spine fusion, tendinitis bilateral wrists, lumbar spine strain/sprain, myofascitis, and history of radiculopathy, depression and anxiety. Treatments to date have included status post neck surgery, status post lumbar fusion and discectomy, oral pain medication, activity modification, home exercise program, epidural injections, and use of a walker. Currently, the injured worker complains of neck and low back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: MTUS Guidelines do not support the routine use of proton pump inhibitors unless NSAIDs are utilized and there are certain risk factors or there are GI symptoms related to medication use. Neither of these circumstances is documented. These are not benign medications with long term use associated with increased fractures, lung infections and biological mineral dysregulation. Under these circumstances, the Omeprazole #20mg #60 does not have guideline support and is not medically necessary.

Dendracin Lotion 120ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates topical, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compounded drugs.

Decision rationale: Dendracin is a compound of readily available over the counter substances which include Menthol, Salicylate and Capsaicin. MTUS Guidelines support the use of Salicylates in common over the counter products such as Ben-Gay. It is not supported as a specialized compounded drug blend. Official Disability Guidelines provide additional details and they do not recommended compounded blends that contain over the counter products. Guidelines do not support Dendracin as a compounded blend. The Dendracin Lotion 120mg. #1 is not medically necessary.