

Case Number:	CM15-0237864		
Date Assigned:	12/15/2015	Date of Injury:	01/13/2015
Decision Date:	01/21/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/07/2015

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 63 year old male who sustained an industrial injury on 1-13-15. He was to return to modified duty per 9-18-15 documentation. Medical records indicate that the injured worker has been treated for cervical sprain; thoracolumbar sprain with bilateral sciatica; left hip sprain; bilateral knee sprain; right paraumbilical pain without palpable hernia; gastritis due to medication. In the 10-29-15 progress note the injured worker reported self-care activities were performed slowly and with discomfort, he can perform light activities for at least 2 minutes, walks short distances, can climb one flight of stairs with difficulty, and has mild sleep disturbances. The pain interferes with his ability to travel, engage in social activities, he has depression and anxiety. His pain level was 5 out of 10 on average and 7 out of 10 at its worst. The document does not indicate where the pain is located. In the 9-18-15 progress note the injured worker complained of constant neck pain radiating to the left arm with numbness of hand and fingers and a pain level of 7-8 out of 10. In the 8-4-15 note the injured worker complained of constant neck and lumbar spine pain. The lumbar spine pain radiated to left lower extremity to foot. The pain level for cervical and lumbar areas was 6-7 out of 10. In addition there was groin and knee pain with pain level of 6 out of 10. Treatments to date include chiropractic treatments with benefit; medication: Motrin, Prilosec, topical creams to decrease oral medication and gastric symptoms. The request for authorization for specific Utilization Review (11-16-15) items was not present. On 11-16-15 Utilization Review non-certified the requests for Motrin 600mg #60 with 2 refills; Prilosec 20mg #60 with 2 refills; flurbiprofen 25%, Menthol 10%, capsaicin 0.0375%, camphor 3% cream 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, specific recommendations are for "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" In this case after review of the medical records from 10/29/15 and 9/18/15 there is insufficient evidence to support functional improvement on Ibuprofen or osteoarthritis to warrant usage. Therefore the prescription is not medically necessary.

Prilosec 20 mg Qty 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), 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 10/29/15 and 9/18/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Prilosec is not medically necessary.

Flurbi/ Mentol/Caps/Camph 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, "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 capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. 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.