

Case Number:	CM14-0004969		
Date Assigned:	01/24/2014	Date of Injury:	01/13/2000
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Treatment to date has included home exercise program; rod insertion, left lower leg; two left shoulder surgeries; and medications, including Prilosec 20 mg one PO BID (since December 2012), Namenda 10 mg one PO daily (since September 2013), and Biofreeze applied BID (since December 2012). Medical records from 2013 were reviewed, which showed that the patient complained of lumbar spine pain, rated 7-8, accompanied by left leg and left shoulder pain. With medications, pain level decreased to 4-5. On physical examination of the cervical spine, posture was well preserved but with tenderness of the paravertebrals and trapezius. Range of motion was normal but painful at the extreme range. Cervical compression and Spurling tests were negative. Examination of the left shoulder showed well-healed surgical scars without tenderness and range of motion was normal. Impingement, Neer's, Hawkins, Sulcus, and apprehension tests were negative. Rotator cuff strength was normal and equal without shoulder instability. Examination of the lumbar spine showed tenderness at the L4-5 and bilateral posterior superior iliac spine. Gait was normal but heel and toe ambulation was painful. Sensation was decreased at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Section Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. In this case, the patient was being prescribed with Prilosec since December 2012 (17 months to date); however, the medical records did not indicate whether the patient was at intermediate risk for gastrointestinal events. There is no clear indication for continued use of this medication; therefore, the request for Prilosec 20mg #60 is not medically necessary.

NAMENDA 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Labeling Information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, Memantine Section, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604006.html>.

Decision rationale: The California MTUS does not specifically address memantine (Namenda). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, MedlinePlus, a web site of the National Institutes of Health produced by the National Library of Medicine, was used instead. According to MedlinePlus, memantine is used to treat symptoms of Alzheimer's disease. In this case, the patient was being prescribed with Namenda since September 2013 (8 months to date); however, there was no objective evidence of functional gains. Furthermore, the medical records did not indicate that the patient had symptoms of Alzheimer's disease. There is no clear indication for continued use of this medication; therefore, the request for Namenda 5mg #30 is not medically necessary.

BIOFREEZE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation .S Food and Drug Administration (FDA), Biofreeze Section.

Decision rationale: The California MTUS does not specifically address Biofreeze. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the the Food and Drug Administration (FDA) was used instead. FDA states that Biofreeze is indicated for temporary relief from minor aches and pains of sore muscles and joints associated with arthritis, backache, strains, and sprains. In this case, the patient was being prescribed with Biofreeze since December 2012 (17 months to date);

however, there was no discussion regarding functional gains. Furthermore, Biofreeze is only indicated for temporary relief and the FDA is silent regarding its therapeutic effect for chronic pain. There is no clear indication for continued use of this medication; therefore, the request for Biofreeze is not medically necessary.