

<b>Case Number:</b>	CM14-0139918		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder, foot, and elbow pain reportedly associated with an industrial injury of December 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reported diagnosis with shoulder fracture, treated non-operatively; reported diagnosis with multiple fractured toes; a sling; and unspecified amounts of physical therapy over the life of the claim. In Utilization Review Report dated August 11, 2014, the claims administrator approved a request for Naproxen, denied a request for Medrox, and denied a request for Omeprazole. The applicant's attorney subsequently appealed. In a January 2014 progress note, the applicant was described as improving insofar as the toe fractures were concerned. The applicant was asked to continue weight bearing as tolerated, attempt to return to regular shoes, and follow up on a p.r.n. basis. The applicant was described as off work on a March 20, 2014 progress note. On April 17, 2014, the applicant transferred care to a new primary treating provider. Multifocal pain complaints were noted, including face pain, jaw pain, nose pain, headaches, neck pain, shoulder pain, hand pain, wrist pain, low back pain, knee pain, and foot pain with derivative allegations of sleep disturbance, insomnia, psychological stress, 12 sessions of physical therapy, MRI imaging of multiple body parts, and oral and maxillofacial surgery consultation; Medrox, Naproxen, and Prilosec were issued. The applicant was given a rather proscriptive 5-pound lifting limitation. There was no mention of issues with reflux, heartburn, or dyspepsia, either in the body of the report or in the review of systems section of the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Ointment, 2 refills-prescribed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical medications such as Medrox which are, per the MTUS Guidelines in ACOEM in Chapter 3, Table 3-1, page 49, "not recommended." Therefore, the request is not medically necessary.

**Omeprazole DR 20mg, #30,2 refills-prescribed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole (Prilosec); NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** Again, since this was not clearly a chronic pain case as of the date of the request, the MTUS Chronic Pain Medical Treatment Guidelines were not invoked here. While the Food and Drug Administration (FDA) notes that Prilosec or Omeprazole is indicated in the treatment of duodenal ulcers, erosive esophagitis, gastric ulcers, and/or gastro esophageal reflux disease, in this case, however, there was no mention of any active such as reflux, heartburn, dyspepsia, etc., on any of the progress notes referenced above. Therefore, the request is not medically necessary.