

Case Number:	CM14-0168923		
Date Assigned:	10/17/2014	Date of Injury:	08/04/2010
Decision Date:	12/16/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona and 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 injured worker is a 57-year-old male who reported an injury on 08/04/2011, the mechanism of injury was not provided. On 04/07/2014, the injured worker presented with pain in the cervical spine associated with headaches and migraine. Upon examination of the cervical spine, there was positive axial loading and suboccipital tenderness to palpation. There was a positive Spurling's noted to the right side. There was no current medication list or diagnosis provided. The provider recommended omeprazole, cyclobenzaprine, and Medrox pain relief ointment. There is no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed release capsules 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for omeprazole delayed release capsules 20mg #120 is not medically necessary. According to the California MTUS Guideline, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who were at moderate to high risk for gastrointestinal events. There is no information on treatment history or length of time the injured worker has been prescribed omeprazole. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendation of omeprazole. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The request for cyclobenzaprine hydrochloride 7.5mg #120 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. The request for cyclobenzaprine hydrochloride 7.5 mg with a quantity of 120 exceed the guideline recommendation of short term therapy. The provided medical records lack documentation of significant objective functional improvement with the use of the medication. There is no rationale provided. There is no information on treatment history and the length of time the injured worker has been prescribed cyclobenzaprine. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Medrox pain relief ointment 120gm x 2 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Medrox pain relief ointment 120gm x 2 #240 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local

anesthetics, antidepressant, glutamate receptor antagonists and alpha adrenergic receptor agonist. There is little to no research to support the use of many of these agents. The providers request does not indicate the body part at which the Medrox pain relief ointment was indicated for, nor does it state the frequency of the medication in the request as submitted. Additionally, there is little to no research to support the use of many of these agents. As such, medical necessity has not been established.