

Case Number:	CM14-0096339		
Date Assigned:	09/22/2014	Date of Injury:	10/18/1998
Decision Date:	10/21/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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:

This male patient had developed chronic spinal pain subsequent to an injury dated 10/18/98. He has been treated with a 2 level lumbar fusion in 2010 and continues to have moderate pain. He has returned to work and is currently treated with oral medications which includes Hydrocodone 10/325mg 3-4 per day prn., Prilosec 20mg. BID and a compounded topical. The oral medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG BID # 90 DOS 4/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and GI symptoms, Page(s): 68.

Decision rationale: MTUS Guidelines do not recommend the routine use of PPIs (Prilosec). To justify use there needs to be specific GI risk factors associated with NSAID use and/or gastritis secondary to medications. These Guideline standards are not met with this patient. In addition, double to usual dose for gastritis is being dispensed without explanation. This is not a benign

mediation with long term use associated with increased fractures, lung infections and biological metal dysregulation. The Prilosec 20mg BID #90 is not medically necessary.

Cyclobenzaprine 10% Tramadol 10% 15 gm DOS 4/15/2014 and 60gm to be mailed from pharmacy.: 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): page(s) 111-113..

Decision rationale: MTUS Guidelines specifically state that topical muscle relaxants are not recommended. Guidelines also state that only topicals that are FDA approved are recommended. Topical Tramadol has no FDA approval for topical use. There are no unusual circumstances to justify an exception to Guidelines. The topical Cyclobenzaprine 10% /Tramadol 10% 15 gms is not medically necessary.