MAXIMUS Federal Services

Case Number:	CM14-0217394		
Date Assigned:	01/07/2015	Date of Injury:	01/20/2011
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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
Certification(s)/Specialty: Emergency Medicine

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 51 year old male who was originally injured on 1/20/2011 while moving heavy equipment, straining his neck and back. Per records, he was treated with pain medication and physical therapy. The treating physician note from 11/13/14 states the injured worker continued to have low back pain, and also complained of dizziness with tramadol. The injured worker was originally prescribed tramadol in 6/19/14, along with prilosec, due to gastrointestinal issues related to using ibuprofen. The treating physician requested a prescription of prilosec, topical ibuprofen, and a urine drug screen, which were all denied by utilization review. These requests were then submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg #30 with 4 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton-pump inhibitor which acts to decrease the acidity of the stomach to treat a variety of stomach ailments, including gastro-esophageal reflux, gastritis, and peptic-ulcer disease. According to the MTUS guidelines, criteria for proton-pump inhibitor use is considered if at high risk for gastrointestinal events, defined as: (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). The injured worker does not meet any of the 4 criteria. While the records document previous dyspepsia with use of ibuprofen, current records do not clearly define the need to continue treatment with a proton-pump inhibitor. Therefore, the MTUS guidelines do not clearly support the request as written, and Prilosec is not medically necessary.

1 prescription of topical compounded Ibuprofen cream 10% with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory. The request for topical compound of ibuprofen is clearly addressed by the MTUS guidelines. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. While the guidelines do support topical non-steroidal anti-inflammatory use for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Therefore, the request for topical compounded ibuprofen cream 10% with 4 refills is not supported by the MTUS and is therefore not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The MTUS guidelines primarily support use of urine drug screen for an injured worker that is being prescribed opioids, especially if there is a clear history of poly-substance abuse or suspected prescription drug abuse. The injured worker is being weaned off tramadol and is not currently taking other opioids, nor is there a clear documentation of abuse. Per review of the available medical records, the utility of a urine drug screen is not clear, nor the impact any results would have on current management. Therefore, the MTUS guidelines do not support the request as written, and it is not medically necessary.