

Case Number:	CM15-0015469		
Date Assigned:	02/03/2015	Date of Injury:	02/07/2013
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 44 year old female, who sustained an industrial injury, February 7, 2013. The injured workers cervical, lumbar and bilateral shoulder pain developed over a period of time from November 2012 to February 2013. On February 7, 2013, during the course of employment the injured worker bent over to set down a 35 pound box on a pallet at ground level. The injured worker stood up felt the onset of a painful pop to the upper and lower back. According to the progress note of January 16, 2015, the injured workers chief complaints were cervical, lumbar and bilateral shoulder pain. The physical exam noted tenderness of the posterior cervical spine, bilateral shoulders worse on the right than the left. The right shoulder range of motion was less than the left, which was normal. According to progress note of October 9, 2014 the injured worker was positive for H Pylori. The injured worker was diagnosed with H. pylori IgG, lumbar strain/sprain, psychogenic insomnia, low back pain and cervical neck pain. The injured worker had received the following treatments pain medication, MRIs, laboratory studies, x-rays, anti-inflammatory medications, sleep aides, omeprazole, EMG/NCS (electromyography and nerve conduction studies) on July 16, 2014, functional capacity evaluation, acupuncture, physical therapy and creams. December 12, 2014, the primary treating physician requested omeprazole 20mg #60 and flurbiprofen 20%, baclofen 5%, dexamethasone 1% in a base cream 210gm. January 6, 2015, the UR denied authorization for omeprazole 20mg #60 and flurbiprofen 20%, baclofen 5%, dexamethasone 1% in a base cream 210gm. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 1% in cream based 210 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-114.

Decision rationale: The patient continues to complain of severe pain in the neck, low back and bilateral shoulders and hips. The current request is for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 1% cream based 210 gm. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain. Many agents are compounded in combination for pain control. The guidelines state "any compounded product that contains at least one drug or (drug class) that is not recommended is not recommended. In this case, Baclofen is a muscle relaxer and antispastic agent. The MTUS guidelines state that Baclofen is not recommended in topical formulation. The MTUS guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. As such, the recommendation is for denial.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: The patient continues to complain of severe pain in the neck, low back and bilateral shoulders and hips. The current request is for Omeprazole 20 mg #60. From the available medical records it is not known why the request for Omeprazole has been made. Omeprazole belongs to a group of drugs called proton pump inhibitors. It decreases the amount of acid produced in the stomach. Omeprazole is used to treat symptoms of gastroesophageal reflux disease (GERD) and other conditions caused by excess stomach acid. In this case, there is no clinical information provided by the treating physician to indicate that the patient is dealing with dyspepsia or has GI issues. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. MTUS also states that PPIs are recommended for patients at risk for gastrointestinal events. The attending physician in this case has not documented that the patient has any GI symptoms that require an H2 receptor antagonist or a PPI. The supporting documentation available for review fails to support medical necessity. As such, recommendation is for denial.

