

Case Number:	CM15-0177088		
Date Assigned:	09/17/2015	Date of Injury:	08/26/2014
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 8-26-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spine discogenic pain with radiculopathy, cervicothoracic sprain, and insomnia. According to the progress report dated 7-17-2015 the injured worker complains of pain in the lower back, bilateral hips, and neck. In addition, he reports difficulty sleeping. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness over the midline and paraspinal muscles with decreased range of motion. Examination of the cervical spine reveals decreased range of motion. The medications prescribed are Relafen, Prilosec, and topical creams. There is documentation of ongoing treatment with Prilosec since at least 5-4-2015. Treatment to date has included medication management and physical therapy. Work status is described as "off work". The original utilization review (8-20-2015) had non-certified a request for Prilosec and compound topical application (Tramadol 8% - Gabapentin 10% - Menthol 2% - Camphor 2% - Capsaicin .05%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs(Relafen) was not justified. Therefore, the continued use of Prilosec is not medically necessary.

Compound Tramadol 8%/gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin .05% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In addition, the claimant was on oral NSAIDs without mention of redutinoc with use of topical analgesics. Since the compound above contains these topical medications, the Tramadol 8%/gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin .05% is not medically necessary.