

<b>Case Number:</b>	CM14-0101744		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 31-year-old female who reported an injury on 05/06/2013. The mechanism of injury was not provided for clinical review. The diagnoses included cervical sprain, shoulder impingement, lateral epicondylitis, and carpal tunnel syndrome. Previous treatments included medication and chiropractic sessions. Diagnostic testing included an electromyogram/ nerve conduction velocity (EMG/NCV) and MRI. Within the clinical note dated 05/23/2014 it was reported the injured worker complained of no significant improvement since the previous examination. Upon the physical examination, the provider noted the injured worker had cervical spine tenderness to palpation over the paravertebral muscles. The provider noted the injured worker had spasms present. The sensation was decreased in the bilateral median nerve distribution. The provider noted the range of motion was restricted. The provider noted the injured worker had tenderness to palpation over the fingers bilaterally. The request submitted is for Medrox pain relief ointment and Omeprazole. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox pain relief ointment, Refills 2:** 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 NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Medrox pain relief ointment, Refills 2 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for use in osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and strength of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.

**Omeprazole Dr 20 mgt QTY 30 Refills 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Omeprazole DR 20mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, a history of peptic ulcer, gastrointestinal bleed or perforation, use of Corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleed and events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.