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| Case Number: | CM13-0005924 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 09/22/2010 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 07/24/2013 |
| Priority: | Standard | Application Received: | 08/01/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Clinical records for review include a 10/30/13 assessment with [REDACTED], for continued complaints of low back pain and left lower extremity pain noted to be increased as of late. Only short term benefit with medication usage. Objectively, there was tenderness to palpation over the lumbar spine with restricted lumbar range of motion. The claimant was diagnosed with the following: 1. A left knee strain, 2. A lumbar sacral strain, 3. Cervical strain, 4. Shoulder strain, and 5. History of gastritis. The plan at that time was for an orthopedic consultation regarding ongoing lumbar complaints with continuation of medication management in the form of Omeprazole, Tramadol, Naproxen, and a topical compounding agent. Previous assessment of 09/18/13 also indicated low back complaints with formal physical examination not documented. Clinical imaging indicates a prior MRI report of the shoulder demonstrating no rotator cuff pathology from 01/23/13, an MRI report of the left knee from February 2011 showing a left medial meniscal tear, and no other indication of recent physical examination findings documented. At present, there is a request for a continuation of medications in the form of Dendracin cream, Omeprazole, and request for a left corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, GI symptoms & cardiovascular risk.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of continued use of the proton pump inhibitor would not be indicated for the work related complaint due to absence of significant GI risk factors including age greater than 65 years, concordant use of aspirin, corticosteroid or anticoagulants, or indications of high dose of multiple nonsteroidal usage. At present, there is no current diagnosis of nonsteroidal usage. The continued role of Omeprazole for the claimant's work related condition thus would not be indicated.

Dendracin Neurodendraxcin cream 120ml: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Dendracin, a compounded topical agent also would not be indicated. California MTUS Chronic Pain Guidelines indicate that topical compounded agents are largely experimental with use with randomized clinical trial supporting or determining their efficacy or safety. While they are primarily recommended for neuropathic pain, or antidepressants or anticonvulsants that failed, their role as a whole are not typically supported. In this case, the role of topical agent given the claimant's clinical presentation continued role of this topical compound at this stage in the claimant's current course of care with recent documentation with no significant benefit with medication management would not be indicated or supported.

1 left knee steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure

Decision rationale: California MTUS Guidelines state that "Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated". When looking at Official Disability Guidelines criteria, while this modality can be used periodically for symptomatic flare of knee complaints, there is no current documentation of physical examination findings, clinical imaging, or recent treatment that would indicate need of knee injection at present. The claimant's last two clinical assessments for review given a diagnosis of knee strain with no documentation of any physical examination noted or subjective

complaints indicating increased knee related discomfort. The acute need of a knee injection in this stage in clinical course of care would not be indicated.