

Case Number:	CM13-0026584		
Date Assigned:	11/22/2013	Date of Injury:	10/31/2010
Decision Date:	02/14/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/19/2013

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 Preventative Medicine and Occupational 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 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. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back, neck, shoulder and wrist pain reportedly associated with an industrial injury of October 31, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; psychotropic medications; adjuvant medications; an interferential unit; prior right shoulder arthroscopy in July 2012 and extensive periods of time off of work. In a utilization review report of August 19, 2013, the claims administrator certified referral to a shoulder specialist, certified a prescription for Neurontin, certified a prescription for Cymbalta, and denied prescriptions for Naprosyn and capsaicin containing cream. The applicant's attorney subsequently appealed. An earlier progress note of August 1, 2013 is notable for comments that the applicant reports multifocal shoulder, neck, mid-back, low back, and wrist pain. Lifting, motion, kneeling, squatting, and gripping apparently exacerbated the applicant's pain. The applicant is instructed to employ tramadol for pain relief, employ Prilosec twice daily for GI problems, and employ topical compounded capsaicin containing gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg: Upheld

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the options for treatment for dyspepsia secondary to NSAID therapy is cessation of the offending NSAID. In this case, the information on file suggests that the applicant has ongoing issues with GI distress/dyspepsia. Continuation of NSAIDs such as Naprosyn does not appear to be indicated here. Therefore, the request is not certified.

Capsaicin cream, 0.075%, 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is recommended only as an option in those applicants who have not responded to or are intolerant to other treatments. In this case, the applicant is reportedly using other first-line oral pharmaceuticals with good effect, including tramadol, effectively obviating the need for the third line capsaicin cream. Accordingly, the request remains non-certified, on independent medical review. ∩∩