MAXIMUS Federal Services

Case Number:	CM13-0028899		
Date Assigned:	03/17/2014	Date of Injury:	02/23/2006
Decision Date:	05/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic wrist pain, neck pain, myalgias, and myositis of various body parts reportedly associated with an industrial injury of February 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; left shoulder arthroscopic surgery on February 3, 2014; and unspecified amounts of chiropractic manipulative therapy and physical therapy. In a Utilization Review Report of September 18, 2013, the claims administrator denied a request for Menthoderm, a salicylate topical, and ibuprofen. Despite the fact that topical salicylates are recommended, the claims administrator wrote in its rationale that topical methyl salicylate was not indicated in the chronic pain context present here. The applicant's attorney subsequently appealed. Final Determination Letter for IMR Case Number CM13-0028899 3 A June 10, 2013 progress note is notable for comments that the applicant reports pain ranging from 2-8/10. The applicant is now working part-time work at the rate of four days a week, as an assistant kitchen designer, it is stated. It was stated that the applicant's pain and muscle spasms were attenuated, to a small extent, by oral NSAIDs, including oral Advil. The applicant was occasionally using Tramadol, it was stated. Tramadol had made her depressed, it was noted. The applicant was apparently difficulty with heavy lifting. Motrin 800 mg and Zoloft 50 mg were endorsed, along with cognitive behavioral therapy. On February 17, 2014, the applicant was returned to part-time modified work at a rate of four hours a day. The applicant was asked to continue manipulative therapy and biofeedback. Motrin was refilled on this date. On September 9, 2013, the applicant was described as reporting 4/10 pain. At this point, no side effects to medications were noted. The note, while difficult to read, seemingly suggested that the applicant was responding favorably to ongoing medications. Motrin and topical Menthoderm were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG, #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22 and 7.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic neck and shoulder pain reportedly present here. It is further noted that both pages 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines suggest that an attending provider should factor into consideration comorbid conditions, side effects, and efficacy of medications into a choice of prescription recommendations. In this case, the applicant has apparently developed side effects with opioid agents, including Tramadol, and has comorbid issues with depression. Ongoing usage of oral NSAID has been successful in attenuating the applicant's pain complaints, the attending provider has posited. This is reinforced by the applicant's successful return to part-time modified work, it is further noted. Thus, on balance, there is evidence of functional improvement as defined in MTUS 9792.20f so as to justify continuation of ibuprofen. Therefore the request is medically necessary and appropriate.

MENTHODERM 120MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates are "recommended" in the treatment of chronic pain, as is present here. In this case, as with the request for ibuprofen, the applicant has responded favorably to prior introduction of the same. The applicant has returned to part-time work and is reportedly deriving appropriate analgesia from topical Menthoderm. Accordingly, the original utilization review decision is overturned. The request is medically necessary and appropriate.