

Case Number:	CM13-0041970		
Date Assigned:	12/20/2013	Date of Injury:	10/09/2011
Decision Date:	03/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 50 year old female who sustained an industrial injury on October 9, 2011. She injured her neck, right shoulder, and upper extremity on that date. Her diagnoses include carpal tunnel syndrome of the bilateral upper extremities, right much greater than left; cervical degenerative disc disease with cervical radiculopathy; status post arthroscopic right shoulder rotator cuff repair and manipulation under anesthesia as of June 2012; myospasm and myofascial trigger points; headaches consistent with occipital neuralgia; and depression secondary to chronic pain and injury. The patient's treatment includes injections into her right shoulder, a right medial nerve block in her right wrist, cervical epidural steroid injections, trigger point injections, extensive physical therapy, medication management, and psychiatric care for anxiety, depression and psychological stress. She has been unable to work. An 11/15/13 follow-up with the pain management physician revealed that the patient has constant neck pain that radiates into her right shoulder and arm. She describes the pain as a throbbing, shooting, aching, tingling pain with associated numbness. She currently rates her pain at 6/10. She also complains of decreased range of motion in the right shoulder. On physical exam of the cervical spine, the patient has pain with forward flexion at 45° and extension to 45°. The patient has tightness with rotation bilaterally at 60°. She has pain with lateral flexion in each direction at 20°. The patient has myospasm in the bilateral cervical paraspinal, trapezius and rhomboid muscles, improved from her previous examination. She has pain and headaches with deep palpation over the occipital ridge bilaterally. Examination of the patient's right shoulder reveals healed arthroscopic portal scars and pain with range of motion. Reflexes are 2+ and symmetric with bilateral bicep and tricep brachioradialis jerks. Motor strength is normal and symmetric with arm flexion, extension, and shoulder abduction. There are complaints of some numbness in the right palmar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Naproxen Sodium 550mg: 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 Page(s): 22, 66.

Decision rationale: Naproxen is an anti-inflammatory. Per guidelines, anti-inflammatories are recommended as an option for short-term symptomatic relief. It is unclear exactly how long patient has been on Naproxen, but documentation indicates that the patient has been on this medication at least for several months without significant functional improvement or significant decrease in pain. Therefore, Naproxen is not medically necessary. The request is noncertified.

60 Omeprazole DR 20mg: 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 Page(s): 69.

Decision rationale: Omeprazole is a proton pump inhibitor. Proton pump inhibitors may be recommended with documentation of risk factors for gastrointestinal disorders. These include (1) being over 65 years of age, (2) having a history of peptic ulcer, GI bleeding, or GI perforation, (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and/or (4) high dose/multiple NSAIDs. There is no documentation that the patient has any of the aforementioned risk factors, and the Chronic Pain Medical Treatment Guidelines do not support treatment with proton pump inhibitors in the absence of risk factors for gastrointestinal disorders. As such, Omeprazole is not medically necessary. The request is noncertified.

compounded cream of Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%, Tramadol 15%, Dextromethorphan 10%, and Capsaicin 0.025%: 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 Page(s): 111-113.

Decision rationale: The MTUS states that there is little evidence to utilize topical NSAIDs in general. Guidelines also state that any compounded product that contains at least one drug (or

drug class) that is not recommended is not recommended as a whole. Neither topical Flurbiprofen nor topical lidocaine are recommended; therefore, the compound cream is not medically necessary. The request is noncertified.