

Case Number:	CM13-0042615		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2001
Decision Date:	05/06/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 claimant is a 71-year-old gentleman who was injured on September 6, 2001. The medical records provided for review included a September 23, 2013 progress report noting subjective complaints of left shoulder and wrist pain. It also noted that the claimant was utilizing tramadol, Prilosec, and "BioTherm topical cream" with documented improvement in the claimant's pain levels from 8 out of 10 down to 4 out of 10 on the VAS Pain Score Scale. Objective findings on examination noted tenderness to the left wrist, decreased range of motion, positive Tinel's, Phalen's and Finkelstein testing and diminished sensation in the medial and ulnar nerve distributions. Working diagnoses were left shoulder impingement syndrome status post arthroscopy, left carpal tunnel syndrome, gastroesophageal reflux disease and bilateral knee posttraumatic arthritis. Recommendation was made to continue medications of Prilosec, tramadol and BioTherm topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI Symptoms and Cardiovascular Risk. Page(s): 68-69.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for Prilosec in this case is recommended as medically necessary. The Chronic Pain Guidelines recommend that the claimant's associated risk for gastrointestinal events needs to be identified. The claimant has a formal diagnosis of gastroesophageal reflux disease and his age is greater than 65 years old. The claimant therefore meets the recommended Chronic Pain Guidelines for use of the protective GI proton pump inhibitor and Prilosec would be medically necessary.

ULTRAM 50MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not recommend continuation of tramadol (Ultram). The Chronic Pain Guidelines recommend that the chronic use of tramadol has not been shown to be effective beyond sixteen weeks. While short term limited use of tramadol the agent can be supported, its use in the chronic setting beyond sixteen weeks of care is not supported. Based upon the length of time since the claimant's injury date and significant course of use of this agent, continued use of tramadol at this stage in the clinical course of care cannot be supported.

BIO THERM 4 OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend the use of BioTherm cream. The Chronic Pain Guidelines for Topical Analgesics clearly indicate that they are largely experimental with few randomized clinical controls supporting their efficacy or safety. Primarily Topical Analgesics are used for neuropathic pain when previous trials of antidepressants or anticonvulsants have failed to improve symptoms. The clinical records for review and the claimant's diagnoses do not indicate that he has neuropathic pain. Therefore, in light of the fact BioTherm is determined to have unclear clinical significance for chronic pain and the claimant is not diagnosed with neuropathic pain, the request for BioTherm cannot be medically necessary.