

Case Number:	CM13-0045116		
Date Assigned:	03/31/2014	Date of Injury:	02/20/2002
Decision Date:	06/10/2014	UR Denial Date:	10/16/2013
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 59 year old female who reported an injury on 02/02/2002. The mechanism of injury was not reported. Per the 09/26/2013 clinical note, the injured worker reported neck pain at 8/10, right shoulder pain at 7/10, left wrist pain at 9/10, low back pain at 8/10, left knee pain at 6/10, and left leg pain at 8/10. Physical exam findings included decreased range of motion of the left knee and shoulder with decreased hand grip strength on the left. The diagnoses included cervical sprain/strain, right shoulder impingement, left wrist sprain/strain, left knee internal derangement status post arthroscopy on 04/05/2013, left leg thrombophlebitis, status vena cava umbrella cage placement, lumbar chronic sprain/strain, obesity, diabetes mellitus, depression, insomnia, and left shoulder sprain/strain and contusion, rule out rotator cuff tear. The injured worker's medication regimen included Tylenol #3, Prilosec 20mg, and Xanax 1mg. The provider recommended the injured worker continue these medications. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): s 11-12.

Decision rationale: The CA MTUS guidelines recommend acetaminophen for the treatment of chronic pain and acute exacerbations of chronic pain. The medical records provided indicate the injured worker has an ongoing prescription for tylenol with codeine. The submitted request is for tylenol only. There is no documentation of pain relief or functional improvement from the injured worker's current regimen of tylenol with codeine. In addition, the submitted request does not specify a dosage or frequency. As such, the request for Tylenol is not medically necessary.

PRILOSEC 20 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The CA MTUS guidelines recommend proton pump inhibitors for patients with current gastrointestinal symptoms or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The medical records provided do not indicate the injured worker was experiencing any significant gastrointestinal symptoms or had a history of gastrointestinal problems to warrant the use of prilosec. The request for Prilosec is not medically necessary.

XANAX 1 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The CA MTUS guidelines do not recommend the long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical records provided indicate this is an ongoing prescription for sleep. The guidelines do not support the long-term use of this medication. The efficacy of the medication is unclear within the provided documentation. The request for Xanax is not medically necessary.

TOPICAL CREAM KETOPROFEN/GABAPENTIN/TRAMADOL: Upheld

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

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

Decision rationale: The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Also, any compounded product that contains at least one drug that is not recommended. Ketoprofen is not currently FDA approved for a topical application. The guidelines note Gabapentin is not recommended for a topical application as there is no peer-reviewed literature to support its use. Since the topical cream requested contains drugs that are not recommended, the guidelines do not recommend its use. Therefore, based on guidelines and a review of the evidence, the request for Topical Cream Ketoprofen/Gabapentin/Tramadol is not medically necessary.