

Case Number:	CM13-0056027		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2009
Decision Date:	03/31/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/21/2013

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 Internal Medicine and Pulmonary Disease 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 patient is a 41-year-old male who reported an injury on 12/09/2009 due to a motor vehicle accident that reportedly caused injury to the patient's neck and shoulder. The patient's treatment history has included medications and physical therapy, ice and heat treatment, and acupuncture. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation in the cervical spinal musculature with normal range of motion and positive Spurling's sign to the right. Evaluation of the right shoulder documented that the patient had restricted range of motion, a positive empty can test, a positive Hawkin's test, and a positive Neer's test. The patient's diagnoses included cervical disc displacement without myelopathy and lumbago. The patient's medication history included a recent trial of Flector patches that did provide pain relief and allow for an ability to function. The patient's treatment plan included continuation of medications and a C6 nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. Therefore, the use of this medication is not supported. As such, the requested Prilosec 20 mg #60 is not medically necessary or appropriate.

Flector patch 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

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

Decision rationale: The requested Flector patch 1.3% is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of topical non-steroidal anti-inflammatory drugs unless the patient is intolerant of oral formulations of this type of medication or when oral formulations are contraindicated in the patient. The clinical documentation does not provide any evidence that the patient is unable to tolerate oral formulations of non-steroidal anti-inflammatory drugs, as they are already taking an oral formulation of Diclofenac. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of non-steroidal anti-inflammatory topical agents for patients with neuropathic pain. The clinical documentation submitted for review does not clearly identify whether this medication is being used to provide pain relief for neuropathic pain or osteoarthritic pain. Therefore, the appropriateness of this medication cannot be established. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of topical non-steroidal anti-inflammatory drugs for spine and shoulder pain. As the clinical documentation indicates that the patient's primary pain complaints are related to the cervical and shoulder areas, the use of this medication would not be supported. As such, the requested Flector patch 1.3% is not medically necessary or appropriate.