MAXIMUS Federal Services

Case Number:	CM13-0057769		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2013
Decision Date:	03/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Mediciine and Rehabilitation, 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:

This patient is a 43 year-old female who sustained an injury on 1/4/13 while employed by [redacted]. The request under consideration includes Bio-Therm topical, Anaprox (naproxen sodium 550 mg) #60, Prilosec 20 mg #60, and Ambien 5 mg #30 1/2-2 tabs by mouth. A report of 8/15/13 from the provider noted the patient had complaints of insomnia, lumbar spine, left shoulder, right wrist and right knee pain. Exam results showed decreased range of the shoulders, positive arm drop test and supraspinatus test, decreased strength, positive Tinel's in left elbow and decreased sensation of the ulnar nerve distribution. Treatment included medications and EMG diagnostics. A follow-up report from 10/4/13 had unchanged pain complaints and noted patient continuing to take medications. An exam again showed decreased range in all planes of right shoulder with positive impingement signs. The treatment plan included medications with diagnostic MRI of the right shoulder. All above medication requests of Bio-therm topical, Anaprox, and Prilosec were non-certified while the Ambien was partially-certified for quantity of 15 on 10/25/13 to assist in the weaning process citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biotherm topical (menthyl salicylate 20%/menthol 10%/Capsaicin 0.002%) 4oz x2: 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): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines indicate the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration, and there is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. The medical records provided for review have not adequately demonstrated the indication or medical need for this topical analgesic outside the recommendations of the MTUS Chronic Pain Guidelines nor its functional benefit from treatment already rendered. The request for Bio-Therm is not medically necessary and appropriate.â¿¿

Anaprox (naproxen sodium 550mg) Tabs #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22.

Decision rationale: According to the MTUS Chronic Pain Guidelines, anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of January 2013 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare up or new injuries. Consequently, the request for Anaprox (naproxen sodium 550 mg) #60 is not medically necessary and appropriate.

Prilosec 20mg #60 tabs: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, the patient does not meet criteria for Omeprazole, which is reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The request for Prilosec 20 mg #60 is not medically necessary and appropriate.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

Decision rationale: Per the Official Disability Guidelines, Ambien is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The request for Ambien 5 mg #30 1/2-2 tabs by mouth is not medically necessary and appropriate.