MAXIMUS Federal Services

Case Number:	CM13-0058973		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2012
Decision Date:	05/09/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/27/2013

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, 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 56-year-old male who reported injury on 08/06/2012. The mechanism of injury was the injured worker attempted to load a file cabinet full of paper into a hand cart and experienced acute right shoulder pain. The injured worker was treated with analgesics, anti-inflammatories, and physical therapy. The injured worker's specific medication history could not be established. The injured worker was treated with a TENS unit. In the documentation of 10/14/2013 it revealed the injured worker had right shoulder pain of a 2/10. The meds and TENS unit helped with pain. The injured worker had tenderness to palpation, the plan was to continue with a home exercise program, TENS treatments and refill pain medications. It was indicated no medications side effects were reported. The diagnosis was shoulder sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM 120ML.(DISPENSED): 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 Topical Analgesicsand Topical Salicylates Page(s): 111; 105.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. The request as submitted failed to indicate the strength and frequency for the requested medication. The clinical documentation submitted for review could not establish the duration for the usage of the medication. Given the above, the request for Menthoderm 120 mL (dispensed) is not medically necessary.

OMEPRAZOLE 20MG #60.: 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 NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the duration for the usage of the medication. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating the injured worker was on NSAIDS to support the necessity for continued use of the medication. Given the above, the request for omeprazole 20 mg #60 is not medically necessary.