

<b>Case Number:</b>	CM13-0066588		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 41 year old male who had a work injury on 7/14/11. The diagnoses per documentation include: Status post left ankle crush injury with subsequent incision and drainage, left distal tibia, slightly improved, rule out rotator cuff tear, shoulder, s/p injection x3 right and left shoulder, rule out intracarpal ligament tear both wrists; completed therapy and injections x3, rule out bilateral carpal tunnel syndrome, rule-out medial meniscus tear, knees and chondromalacia patella, both knees, bilateral knee medial compartment arthritis, cervicothoracic spine strain/ rule out cervical radiculopathy and lumbar spine strain, rule out lumbar radiculopathy. There are requests for the medical necessity of Prilosec 20mg (DOS 10/23/13) qty 60, Medrox Cream 120mg (DOS 10/23/13), and of retrospective hand muscle testing manual (DOS 10/23/13). There is a 12/4/13 primary treating physician progress report that states that the patient reports increased symptoms since his last visit to the office. He reports left ankle pain 7/10 with numbness in the foot. He has bilateral shoulder pain, and bilateral wrist pain. There is bilateral knee pain as well as neck and low back pain with pins and needles and pain in the right big toe. On physical exam Jamar testing revealed right 4-4-3 and left 18-16-14. Bilateral shoulder testing revealed weakness with flexion, abduction and external rotation. The bilateral wrists revealed generalized tenderness of both wrists; globally diminished light touch in both hands. The Lumbar spine revealed straight leg raise is positive on the left side. The bilateral knees were tender along the anterior aspect and along the medial joint line. The left ankle revealed tenderness along the lateral aspect of the left ankle. The treatment plan involved continuing Medrox and Prilosec and requesting authorization for bilateral shoulder arthroscopies. A 7/29/13 urine toxicology test indicates that the patient is taking Naproxen, Medrox, and Prilosec.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DISPENSED: PRILOSEC 20MG (DOS 10/23/13) QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN-NSAIDs, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** Prilosec 20mg (DOS 10/23/13) qty 60 is not medically necessary per the California MTUS guidelines. Per California MTUS guidelines Omeprazole is not medically necessary. There is no history in the documentation that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The request for Prilosec 20mg (DOS 10/23/13) qty 60 is not medically necessary.

**DISPENSED: MEDROX 120MG CREAM, (DOS 10/23/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, & Topical Analgesics Page(s): 105; 111-113.

**Decision rationale:** Medrox Cream 120mg (DOS 10/23/13) is not medically necessary per California MTUS guidelines. The California MTUS Chronic Pain Medical Treatment Guideline states that topical analgesics are largely experimental. Medrox cream consists of Methyl Salicylate 20.00%; Menthol 5%; Capsaicin 0.0375%. Per the California MTUS guidelines there are no studies of a 0.0375% formulation of Capsaicin and this exceeds guideline recommendations, therefore the Medrox patch is not medically necessary. Per guidelines Salicylate topicals including Methyl Salicylate and Menthol are recommended however the patch formulation of both of these formulations in combination with Capsaicin is not specifically mentioned in the MTUS. Furthermore, the patient has been using Medrox since at least June of 2012 without significant improvement in function or pain. The request for Medrox Cream 120mg (DOS 10/23/13) is not medically necessary.

**RETROSPECTIVE: HAND MUSCLE TESTING MANUAL (DOS 10/23/13):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand-Computerized Muscle Testing.

**Decision rationale:** The request of retrospective hand muscle testing manual (DOS 10/23/13) is not medically necessary per the ODG guidelines. The California MTUS does not specifically address hand muscle testing. The ODG states that computerized muscle testing is not recommended as there are no studies to support computerized strength testing of the extremities. The documentation submitted does not provide information how this information would change the treatment plan for this patient over a routine muscle motor examination on an office visit. The request for a retrospective hand muscle testing manual (DOS 10/23/13) is not medically necessary.