

Case Number:	CM13-0067282		
Date Assigned:	01/03/2014	Date of Injury:	02/18/2011
Decision Date:	05/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine and Pulmonary Diseases 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 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 54-year-old female who reported injury on 02/18/2011. The mechanism of injury was continuous trauma. The injured worker's medication history included Omeprazole and Motrin as of 06/2013. The most recent documentation was dated 09/04/2013, which revealed at that time, the injured worker had weakness and occasional pain involving the right shoulder. The diagnoses included postsurgical states NEC and rotator cuff disc NEC. The request, per the application for independent medical review, was Omeprazole CPDR 20 mg, quantity 30 and Flector patches 1.3%, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE CPDR 20 MG QUANTITY 30: 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 duration of use for the medication indicated the injured worker had been utilizing the medication since 06/2013. There was lack of

documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole CPDR 20 mg quantity 30 is not medically necessary.

FLECTOR PATCH 1.3% QUANTITY # 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 (ODG).

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

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....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. There was no clinical documentation submitted with a request for Flector patches. As such, there was a lack of documentation indicating the injured worker had neuropathic pain and had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had osteoarthritis to support the necessity for the requested medication. The most recent documentation that was submitted was for 09/2013. The request as submitted failed to indicate the frequency for the requested medication. The duration could not be established with the supplied documentation. Given the above, the request for Flector patches 1.3%, quantity 30, is not medically necessary.