MAXIMUS Federal Services

Case Number:	CM13-0071296		
Date Assigned:	01/08/2014	Date of Injury:	10/18/2006
Decision Date:	04/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 10/18/2006. The mechanism of injury was not provided for review. The patient's treatment history included right carpal tunnel release, right lateral epicondyle release, corticosteroid injections for the right shoulder, physical therapy, and medication management. The patient's most recent clinical documentation noted that the patient had significant pain complaints of the right hand, elbow, and neck and low back rated at a 7/10 to 8/10. Physical findings included tenderness to palpation of the trapezius and acromioclavicular joint, supraspinatus tendon, and a right impingement sign with painful range of motion, and rotator cuff strength rated at a 4/5. Evaluation of the lumbar spine noted guarding and muscle spasming with painful range of motion. The patient's diagnoses included chronic neck pain; chronic low back pain; anxiety, depression, and lack of sleep; and post-traumatic right thoracic outlet syndrome. The patient's treatment plan included continuation of medications, continuation of a home exercise program, and a referral to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDs Page(s): 60 and 67.

Decision rationale: alifornia Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs as a first-line medication for the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends continued use of medications in the management of chronic pain be supported by documentation functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has had any pain relief associated with this medication. The clinical documentation indicates that the patient has been on this medication since at least 07/2013, with no evidence of increased functional capabilities. Additionally, the request as it is submitted does not provide a quantity or frequency of treatment. Therefore, the appropriateness of this request cannot be determined. As such, the requested naproxen sodium 550 mg is not medically necessary or appropriate.

PRILOSEC 20MG: 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 Page(s): 68.

Decision rationale: California Medical Treatment Utilization Schedule recommends 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. Additionally, the request as it is submitted does not provide a quantity or frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Prilosec 20 mg is not medically necessary or appropriate.

MEDROX 120MG: Upheld

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

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

Decision rationale: he requested medication is a compounded topical analgesic that contains menthol, methyl salicylate, and capsaicin. California Medical Treatment Utilization Schedule does recommend the use of menthol and methyl salicylate in the management of osteoarthritic pain. However, the use of capsaicin as a topical analgesic is restricted for patients who have failed to respond to all first-line chronic pain treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to other first-line

oral medications to include antidepressants and anticonvulsants. Therefore, the use of capsaicin as a topical agent is not supported. California Medical Treatment Utilization Schedule recommends that any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. Additionally, the request as it is written does not define a quantity or frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Medrox 120 mg cream is not medically necessary or appropriate.