

Case Number:	CM14-0000550		
Date Assigned:	01/17/2014	Date of Injury:	08/21/2013
Decision Date:	03/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Medicine 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 injured worker's date of injury was 8/21/'13. The patient's treating physician is requesting coverage for a topical Menthol gel and a proton pump inhibitor medication (one that reduces stomach acid production) for the patient. The patient has chronic hand and wrist pain from tenosynovitis of the hand and wrist. The patient also has a radial nerve injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Methoderm gel, apply as directed up to 4 x a day, #120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-113.

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

Decision rationale: This patient has chronic pain from tenosynovitis on the left wrist and trauma to the left radial nerve, sensory component. During the 11/5/13 office visit, the patient reported left wrist pain with radiation to the left shoulder. The treating physician requested Methoderm gel which is a topical analgesic. Topical analgesics do not have a firm clinical basis to recommend them. Available studies do not show any firm evidence that their effect is better than that of a placebo. The request for Methoderm gel is non-certified.

Retrospective Prilosec 20mg, twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, NSAIDS, GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: This patient has chronic wrist pain. A proton pump inhibitor reduces stomach acid production, which may be indicated in patients treated with anti-inflammatory medications (NSAIDS) if they are at risk for gastrointestinal side effects of these medications. The documentation provided does not state that the patient is at risk for any gastrointestinal injury nor any heightened risk for gastrointestinal bleeding that would indicate protection needed from a proton pump inhibitor medication. The request for Prilosec is non-certified.