MAXIMUS Federal Services

Case Number:	CM14-0018792		
Date Assigned:	04/18/2014	Date of Injury:	08/15/2011
Decision Date:	07/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 39 year old female who reported an injury on 08/15/2011 secondary to unknown mechanism of injury. The diagnoses include pain in left shoulder, neck and hand/wrist/thumb. There is ducumented evidence of the injured worker having been prescribed Celebrex since at least 10/07/2013. The injured worker was evaluated on 01/14/2014 for reports of left shoulder pain with radiating pain and numbness, posterior neck pain and left thumb pain. The exam noted tenderness to the left shoulder, scapula, posterior suboccipital neck. The treatment plan included medication therapy and follow up with orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 600MG #40: 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 section on NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of back pain. However, there is no clinical evidence in the documentation provided of the reason for changing from Celebrex to

Motrin. The injured worker has also been prescribed an NSAID since at least 10/07/2013. This exceeds the time frame to be considered short-term. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.

RANITIDINE 300MG #20: 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 section on NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of H2-receptor antagonists as treatment of dyspepsia secondary to NSAID therapy. There is no documented evidence of dyspepsia in the documentation provided and the request for NSAIDs therapy has been non-certified. Therefore, the request is not medically necessary and appropriate.

FCL COMPOUND CREAM: FLURBIPROFEN 20%, CYCLOBENZAPRINE 4%, LIDOCAINE 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines and FDA does not recommend the use of flurbiprofen topically; the use of lidocaine topically other than in a dermal patch such as Lidoderm; and there is no evidence for use of cyclobenzaprine as a topical product. The MTUS Chronic Pain Guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary and appropriate.

FOLLOW UP VISIT: Overturned

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).

Decision rationale: The Official Disability Guidelines state evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The injured worker had a surgical procedure and the exam noted the injured worker should follow up

with surgeon regarding pain levels. Therefore, based on the documentation provided, the request is medically necessary and appropriate.

RETURN FOR FOLLOW UP VISIT IN 1 MONTH: 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).

Decision rationale: The Official Disability Guidelines state evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The injured worker had a surgical procedure and the exam noted the injured worker should follow up with surgeon regarding pain levels. There is a lack of documented evidence for the injured worker to follow up with both physicians regarding the same complaints. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.