

Case Number:	CM14-0122508		
Date Assigned:	08/06/2014	Date of Injury:	09/10/2013
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 Orthopedic Surgery 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 California MTUS guidelines are silent on the use of computerized range of motion and muscle testing. The Official Disability Guidelines (ODG) do not recommend range of motion as a primary criteria in lumbar injuries, and state the relationship between lumbar range of motion measures and functional ability is weak or non-existent. The ODG state that range of motion should always be examined in cases of shoulder pain. Guidelines do not recommend computerized measures of range of motion which can be done with inclinometers. Computerized muscle testing is also not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. The provider has not established the medical necessity of testing beyond the established parameters of the evaluation and management codes. Guidelines specifically do not support the use of computerized measures when the same testing can be done with manual measurement. Therefore, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #45: Overturned

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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria for intermediate gastrointestinal risk factors have been met. The patient is currently prescribed Voltaren 100 mg twice a day which would be considered a high dose NSAIDs. Guidelines recommend the usual dose be less than 150 mg per day. Therefore, this request is medically necessary.

Menthoderm Gel 240gm: 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Under consideration is a request for Menthoderm gel which contains methyl salicylate and menthol. The California MTUS guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines state that the efficacy in clinical trials for topical non-steroidal anti-inflammatory drugs (NSAIDs) has been inconsistent and most studies are small and of short duration. Guidelines do not recommend topical NSAIDs for neuropathic pain and state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine or shoulder. Guideline criteria have not been met. The use of Menthoderm gel is not supported by guidelines for use in spinal or shoulder complaints. Therefore, this request is not medically necessary.

Computerized range of motion and muscle testing: 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) Low Back - Lumbar & Thoracic, Computerized range of motion (ROM); Knee and Leg, Computerized muscle testing.

Decision rationale: The California MTUS guidelines are silent on the use of computerized range of motion and muscle testing. The Official Disability Guidelines (ODG) do not recommend range of motion as a primary criteria in lumbar injuries, and state the relationship between lumbar range of motion measures and functional ability is weak or non-existent. The ODG state that range of motion should always be examined in cases of shoulder pain. Guidelines do not

recommend computerized measures of range of motion which can be done with inclinometers. Computerized muscle testing is also not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. The provider has not established the medical necessity of testing beyond the established parameters of the evaluation and management codes. Guidelines specifically do not support the use of computerized measures when the same testing can be done with manual measurement. Therefore, this request is not medically necessary.