

Case Number:	CM14-0122987		
Date Assigned:	08/08/2014	Date of Injury:	01/28/2010
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
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 Occupational 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 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 31-year-old female who has submitted a claim for myofascial pain syndrome, cervical strain, right rotator cuff syndrome, and right cervical radiculopathy associated with an industrial injury date of 1/28/2010. Medical records from the 2014 were reviewed. The patient complained of neck pain radiating to the right upper extremity associated with numbness and tingling sensation. Patient likewise experienced reflux symptoms associated with NSAID use. Patient likewise reported to sleeping difficulty. Mentherm cream was prescribed due to persistence of upper extremity symptoms despite Neurontin. No physical examination was available for review. Treatment to date has included medications such as Omeprazole, Naproxen, Neurontin, and Mentherm cream (since June 2014). Utilization review from 7/28/2014 denied the request for Naprosyn Sodium 550mg #100 (3 month supply) because of no objective functional improvement from medication use; denied Omeprazole 20mg #100 (3 month supply) because there was no documentation that symptoms of gastritis had improved from its use; denied Neurontin 600mg (3 month supply) because of no objective functional improvement; denied Mentherm Gel 2 bottles (3 month supply) because there was no report of inability to maintain work with reduction in medication use; and denied Urinary drug screen because of no evidence of high risk for medication misuse that would require frequent testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn Sodium 550mg #100 (3 month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the initial date of Naprosyn intake is unknown due to sparse records submitted for review. There is likewise no physical examination available to support the need for NSAID. The medical necessity cannot be established due to insufficient information. Therefore, the request for Naprosyn Sodium 550mg #100 (3 month supply) is not medically necessary.

Omeprazole 20mg #100 (3 month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. The patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the initial date of omeprazole intake is unknown due to sparse records submitted for review. There is likewise no physical examination available to support the need for PPI. There was a note concerning presence of reflux symptom; however, there was no discussion that PPI use provided symptom relief. Furthermore, patient did not meet any of the aforementioned risk factors. The medical necessity cannot be established due to insufficient information. Therefore, the request for Omeprazole 20mg #100 (3 month supply) is not medically necessary.

Neurontin 600mg (3 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of California MTUS Chronic Pain Medical Treatment Guidelines, anti-epileptic drug, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the initial

date of Neurontin intake is unknown due to sparse records submitted for review. There is likewise no physical examination available to support the need for anti-epileptic. Although clinical manifestations are consistent with neuropathic pain, there is no discussion that medication use provided symptom relief. The medical necessity cannot be established due to insufficient information. Therefore, the request for Neurontin 600mg (3 month supply) is not medically necessary.

Menthoderm Gel 2 bottles (3 month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: Page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Menthoderm gel contains Methyl Salicylate and Menthol. Regarding the Menthol component, the California MTUS does not cite specific provisions, but the Official Disability Guidelines Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, or Methyl Salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, Menthoderm gel was prescribed as adjuvant therapy to oral medications. However, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. Therefore, the request for Menthoderm Gel 2 bottles (3 month supply) is not medically necessary.

Urinary drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines states that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes Omeprazole, Naproxen, Neurontin, and Menthoderm cream. There is no opioid prescription and there is no evidence of illicit drug use to warrant drug screening. Therefore, the request for urine drug screen is not medically necessary.