

Case Number:	CM14-0132851		
Date Assigned:	08/22/2014	Date of Injury:	05/08/2014
Decision Date:	10/03/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year-old individual was reportedly injured on May, 2014. The mechanism of injury is noted as a fall from a ladder. The most recent progress note, dated July 18, 2014 indicates that there are ongoing complaints of neck pain, thoracic spine region pain, and right wrist pain. The physical examination of the cervical spine demonstrated tenderness to palpation and a slight reduction in range of motion. The wrist is noted to be painful, tender to palpation and no other findings are reported. Deep tendon reflexes are 2+ intact, and the sensory examination is intact. Diagnostic imaging studies objectified no acute osseous abnormalities. Previous treatment includes medications, physical therapy, and pain management intervention. A request had been made for a cervical pillow and a TENS unit and was non-certified in the pre-authorization process on August 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Pillow - Purchase: 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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Allied Health Interventions (Electronically Cited)

Decision rationale: As outlined in the ACOEM guidelines, there is no recommendation for the use of a commercial product such as a Nicola. There is no quality evidence to support that this device or intervention has any responses to the treatment of neck pain. Therefore, based on the parameters noted in the guidelines tempered by the physical examination reported this is not medically necessary.

Thermacare: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

Decision rationale: As noted in the ACOEM guidelines, at-home local applications of cold in the 1st few days after the acute complaint qualified application of heat is recommended. However, when considering the date of injury, the current clinical situation there is no clear clinical indication presented for a formal device. This is not medically necessary.

Menthoderm 120 GM: 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 Page(s): 105.

Decision rationale: MTUS Guidelines indicate topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Treatment Guidelines support topical anti-inflammatories, Lidocaine or Capsaicin in certain clinical settings. Mentoderm gel is a topical analgesic with the active ingredient Methyl Salicylate and Menthol. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. As such, this request for Mentoderm is not considered medically necessary.

Cyclobenzaprine 7.5 MG #60: 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 Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Omeprazole 20 MG #60: 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 Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be considered a protectorate in those individuals utilizing non-steroidal medications. However, when considering the date of injury, the mechanism of injury, and that there are no complaints of gastrointestinal distress and any of a number of the physical evaluations there is no clinical indication presented that such a gastric protectorate is considered medically necessary.