

Case Number:	CM14-0134062		
Date Assigned:	08/25/2014	Date of Injury:	10/03/2003
Decision Date:	09/25/2014	UR Denial Date:	07/26/2014
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 Internal 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:

This case involves a female injured worker with date of injury of 10/03/2003. Mechanism of injury was repetitive motions. The injured worker has a diagnoses of trapezial, paracervical and parascapular strain; bilateral forearm tendinitis; neck and back injuries; status post right shoulder arthroscopy times two; status post left shoulder arthroscopy; status post left ring trigger finger release; and status post bilateral carpal tunnel releases with ulnar nerve decompression at the wrist. Date of injury was 10-03-2003. Primary treating physician's report dated 7/15/2014 documented subjective complaints of pain in her neck, back, shoulders, and hands. The injured worker was last seen five months ago when her condition was felt to be permanent and stationary. The injured worker has run out of her medications. She complains of increased pain in her neck, back, shoulders, and hands. She denies re-injury and has not been working. Physical examination was documented and a detailed examination of the upper extremities was performed. There is mildly decreased range of motion of the cervical spine with some pain. There is slight trapezial and paracervical tenderness. There is mild stiffness in the shoulders with pain on range of motion. The impingement sign is negative. The Tinel sign and Phalen's test are negative. Grip strength on the Jamar Dynamometer measured 15/16/19lbs on the right and 6/10/10lbs on the left. Diagnoses were trapezial and paracervical and parascapular strain; bilateral forearm tendinitis; neck and back injuries; status post right shoulder arthroscopy times two; status post left shoulder arthroscopy; status post left ring trigger finger release; and status post bilateral carpal tunnel releases with ulnar nerve decompression at the wrist. The injured worker has a history of GERD. Treatment plan included non-steroidal anti-inflammatory drugs (NSAIDs), lotions and psychological treatment. Voltaren 100 mg daily, Prilosec, Methoderm gel, and physical therapy were requested. Agreed medical evaluator (AME) report dated 1/23/06, documented that the injured worker had physical therapy the years 2000, 2004, and

2005. AME report dated 4/13/09, documented that the injured worker had physical therapy sessions in 2007 and 2008. Qualified medical examiner (QME) report dated 1/12/07, documented gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs (NSAIDs). Utilization review dated 7/26/14, recommended certification of Voltaren and noted that the injured worker had completed 12 sessions of physical therapy in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Physical Therapy (PT) Physical medicine treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines page(s) 98-99 provide Physical Therapy (PT), Physical Medicine Guidelines state for myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. Official Disability Guidelines (ODG) Pain (Chronic) provides Physical Therapy (PT) physical medicine treatment guidelines, state for arthritis medical treatment, 9 visits over 8 weeks are recommended. The primary treating physician's report dated 7/15/2014, documented physical examination findings that were described as mild. The patient denied re-injury. She has not been working. The medical records document that the patient has had multiple courses of physical therapy over the years. Agreed medical evaluator (AME) report dated 1/23/06 documented that the patient had physical therapy in the years 2000, 2004, and 2005. AME report dated 4/13/09, documented that the patient had physical therapy sessions in 2007 and 2008. Utilization review dated 7/26/14, noted that the patient had completed 12 sessions of physical therapy in 2012. In the past, the patient has received multiple courses of physical therapy, and has already exceeded MTUS and Official Disability Guidelines (ODG) guideline recommendations. Given the mild physical examination findings and the patient's past PT history, the request for an additional 12 sessions of physical therapy is not supported. Therefore, the request is not medically necessary.

Prilosec 20mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address non-steroidal anti-inflammatory drugs (NSAIDs) and

gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. Primary treating physician's report dated 7/15/2014, documented a prescription for Voltaren and a history of GERD. Prescription Voltaren (NSAID) is a gastrointestinal risk factor. Qualified medical examiner (QME) report dated 1/12/07, documented gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drugs (NSAIDs). MTUS guidelines support the use of a proton pump inhibitor, such as Prilosec in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Prilosec. Therefore, the request for Prilosec 20mg, #180 is medically necessary.

Menthoderm gel 360gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation MENTHODERM <http://www.drugs.com/cdi/menthoder-cream.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical non-steroidal anti-inflammatory drugs (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Medical records indicate long-term use of Menthoderm topical for chronic occupational injuries, which is not supported by MTUS guidelines. Menthoderm topical contains methyl salicylate, which is an NSAID. In addition, the progress report dated 7/15/2014, documented a prescription for Voltaren oral tablets, which is an NSAID. The medical records and MTUS guidelines do not support Menthoderm topical. Therefore, the request for Menthoderm gel 360gm is not medically necessary.