

Case Number:	CM14-0158895		
Date Assigned:	10/02/2014	Date of Injury:	07/07/2009
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management 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 injured worker is a 36 year-old male who sustained an injury on July 7, 2009. He is diagnosed with (a) post-concussion syndrome with headaches and insomnia; (b) rule out neuropsychological secondary effects of traumatic brain injury; (c) cervicgia, rule out radiculopathy in the right upper extremity; (d) bilateral mild median neuropathy; (e) lumbago, rule out right sided radiculopathy; (f) chronic pain difficulty with sexual function; (g) gastrointestinal distress secondary to medications; and (h) depression. He was seen for an evaluation on September 9, 2014. He presented with complaints of pain in the right shoulder and numbness of the right arm. He also reported some acute spasms of the right trapezius. An examination of the right shoulder revealed impingement. Range of motion was decreased in all planes. Spasms were noted over the right trapezius and a scar over the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, 2 bottles: 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 NSAIDS, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: According to the California Medical Treatment Utilization Schedule, naproxen is indicated for osteoarthritis or ankylosing spondylitis. Diagnoses of the injured worker do not include osteoarthritis or ankylosing spondylitis. Hence, Naproxen Sodium 550mg, 2 bottles are not medically necessary and appropriate.

Omeprazole 20mg #100, 2 bottles: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the reviewed medical records, omeprazole was prescribed secondary to non-steroidal anti-inflammatory drugs (NSAID) use and history of gastroesophageal reflux disease (GERD). However, as the request for naproxen 550 mg was not considered medically necessary, the request for Omeprazole 20mg #100, 2 bottles is not medically necessary and appropriate as well.

Fexmid 7.5mg #90, 3 bottles: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: It has been determined from the reviewed medical records that the injured worker has been taking Fexmid since June 2014. Guidelines state that the use of this medication is recommended only on a short-term basis only. Proceeding with this medication, which is approved for treatment for two to three weeks only, is not advised. Hence, the request for Fexmid 7.5mg #90, 3 bottles is not medically necessary and appropriate.

Menthoderm Gel 120grams, 2 bottles: 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.

Decision rationale: Guidelines stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While this topical analgesic contains methyl salicylate, which is recommended as topical agent, it also constitutes menthol, which is not addressed by the guidelines. Hence, the prescription of Menthoderm Gel 120grams, 2 bottles is not medically necessary and appropriate.

Urine Drug Screen: 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 Opioids, steps to avoid misuse/addiction Page(s): 94.

Decision rationale: Review of medical records revealed that the injured worker is currently not under any opioid therapy. Urine drug screen is recommended only when there is concurrent opioid medication. There was no mention in the guidelines that urine drug screen remains approved for those only with history of taking narcotics. Therefore, the request for Urine Drug Screen is not medically necessary and appropriate.