

Case Number:	CM14-0172272		
Date Assigned:	10/23/2014	Date of Injury:	04/16/2014
Decision Date:	12/02/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 58-year-old male who sustained an injury on April 16, 2014. He is diagnosed with (a) thoracic spine sprain/strain, (b) lumbar spine sprain/strain, (c) left shoulder arthralgia, (d) left-sided rib arthralgia, and (e) cervical and lumbar radiculopathies. He was seen for an evaluation on August 12, 2014. He complained of pain in the neck, which was rated 4/10; back pain, which was rated 4-5/10, and left shoulder pain, which was rated 7/10. An examination revealed tenderness over the rhomboid regions and bilateral lumbar paraspinous regions. Cervical, thoracic, and lumbar ranges of motion were limited. There was decreased sensation at the left L4, L5, and S1 dermatomes. Mildly hyperreflexic bilateral upper and lower reflexes were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 MG Tablet Every 12 Hours As Needed #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 NSAIDS, specific drug list & adverse effects Page(s): 73.

Decision rationale: The request for Naproxen Sodium 550 mg #60 is not considered medically necessary at this time. 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 nor were his objective findings indicative of any of these conditions.

Menthoderm Gel 4 OZ: 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, Salicylate topicals Page(s): 111, 105.

Decision rationale: The request for Menthoderm Gel 4 oz is not medically necessary at this time. 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 a topical agent, it also constitutes menthol, which is not addressed by the guidelines. Hence, the prescription of Menthoderm gel 4 oz is not medically necessary and appropriate.

Hydrocodone/APAP 5/325 MG Every 12 Hours As Needed #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 Opioids Page(s): 76-77.

Decision rationale: The request for Hydrocodone/ Acetaminophen (APAP) 5/325 mg #60 is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. Clinical case of the injured worker has satisfied neither of these conditions. More so, it has been determined as well that the injured worker has been taking this medication since May 2014. Guidelines do not support the use of opioids on a long-term basis.