

Case Number:	CM14-0175485		
Date Assigned:	10/28/2014	Date of Injury:	06/05/2005
Decision Date:	12/16/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Interventional Spine 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 49 years old female with an injury date on 06/05/2005. Based on the 09/30/2014 progress report provided by the treating physician the diagnoses are: 1. Bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome status post right carpal release on 04/18/2007 with significant residual and continued left carpal tunnel syndrome symptomatology, status post left carpal tunnel release surgery on 07/09/2009 with residual; 2. Cervical and bilateral scapular shoulder strain with secondary cervicogenic headaches; 3. Secondary depression due to chronic pain from above diagnoses. According to this report, the patient complains with bilateral wrist and hand pain with numbness; bilateral shoulder pain, left worse than right; headaches; neck pain that radiates to the left upper extremity; depression; and stomach upset due to pain medication. Physical exam reveals slight to moderate tenderness over the left volar wrist, shoulder region, and cervical paravertebral muscles. Tinel's sign and carpal compression test are positive. Sensation is decreased to pin prick and light touch on the left 5 digits. There were no other significant findings noted on this report. The utilization review denied the request on 10/14/2014. The requesting provider provided treatment reports from 05/19/2014 to 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94. Decision based on Non-MTUS Citation Laboratory Tests in the Clinical Risk Management of Potential Drug-Drug Interactions: A Cross-Sectional Study Using Drug-Dispensing Data From 100 Dutch Community Pharmacies, Drug Saf. 2009;32(12):1189-97

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 09/30/2014 report, the patient presents with neck pain that radiates to the left upper extremity with shoulder/ wrist/ hands pain; headaches, depression and stomach upset due to pain medication. The treating physician is requesting Labs unspecified. Regarding Labs unspecified, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. In this case, without knowing the specific request, one cannot make the appropriate recommendation. Therefore, the request is not medically necessary.

Menthoderm topical cream (methyl salicylate 15%, menthol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 09/30/2014 report, the patient presents with neck pain that radiates to the left upper extremity with shoulder/ wrist/ hands pain; depression and stomach upset due to pain medication. The treating physician is requesting Mentoderm Topical cream (methyl Salicylate 15%, menthol 10%). Mentoderm cream was first mentioned in the 07/01/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this patient, there a diagnosis of peripheral joint arthritis or tendinitis for which topical NSADs is indicated. However the treating physician does not indicated whether or not this topical has been helpful in any way for pain reduction and functional improvement. Therefore, the request is not medically necessary.

Refill Prilosec/Omeprazole capsule 20mg 1-2 po daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: According to the 09/30/2014 report, the patient presents with neck pain that radiates to the left upper extremity with shoulder/ wrist/ hands pain, depression and stomach upset due to pain medication. The treating physician is requesting Refill Prilosec/Omeprazole capsule 20mg 1-2 po daily. Prilosec was first mentioned in the 05/19/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show that the patient is taking Naproxen and has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request is not medically necessary.