

Case Number:	CM14-0176507		
Date Assigned:	10/29/2014	Date of Injury:	04/01/2013
Decision Date:	12/05/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/24/2014

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:

The injured worker (IW) is a 52-year-old man with a date of injury of April 1, 2013. He sustained injuries to his neck, bilateral shoulders, and wrists as a result of cumulative trauma. Pursuant to the most recent progress note dated September 10, 2014, the IW has complaints primarily of frequent throbbing neck pain associated with numbness and tingling, achy low back pain and heaviness, occasional mild bilateral shoulder pain and weakness, and achy bilateral wrist pain associated with numbness and tingling. Activities like prolonged or repetitive looking up/down, prolonged standing, prolonged sitting, prolonged walking, and prolonged driving exacerbates the pain. Physical examination reveals decreased range of motion of the cervical spine. Tenderness to palpation (TTP) of the bilateral trapezii and cervical paravertebral muscles is noted. Muscle spasm in the bilateral trapezii and cervical and paravertebral muscles is noted. Spurling's test is positive. Decreased ROM on the lumbar spine is noted. A muscle spasm of the bilateral gluteus and lumbar paravertebral muscles is noted. Kemp's test is positive. Sitting straight leg raise is positive. TTP of bilateral shoulders is noted. TTP of bilateral wrists is noted. Tinel's and Phalen's test is positive bilaterally. The IW was diagnosed with cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, and bilateral carpal tunnel syndrome. Current medications include: Omeprazole, Norflex, and compound topical creams. It is noted that a urinalysis was performed during this visit. A review of the submitted medical records did not reveal that the IW was taking any narcotic medications. The treating physician is requesting medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- Pain Chapter -- Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, the medication consultation is not medically necessary. Office visits/evaluation and management visits are recommended as determined to be medically necessary. Outpatient visits play a critical role in proper diagnosis and return to function of an injured worker. The need is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking because some medicines such as opiates for certain antibiotics require close monitoring. In this case, the medical documentation does not provide a rationale for the requested medication consultation. The treating physician is currently prescribing different medications set out in the medical record. There are no opiates prescribed in the record. Consequently, because there is no rationale for the medication consultation, that consultation is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, the medication consultation is not medically necessary.

Omeprazole 20mg #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 NSAID, GI effects and Cardio Risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAID, GI effects and Cardio Risk

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Proton pump inhibitors are recommended when taking nonsteroidal anti-inflammatory drugs if the patient is at risk for gastrointestinal events. Risks to be considered are age greater than 65 years; history of practical or disease, G.I. bleeding, perforation; concurrent use of aspirin, steroids and/or anticoagulants; or high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the documentation does not show any comorbid problems or past medical history compatible with a positive review of systems for the gastrointestinal tract. Consequently, the request for Omeprazole (proton pump inhibitor) is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg #60 is not medically necessary.

Norflex 100mg #90: 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): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines. Norflex 100 mg #90 is not medically necessary. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations of patients with chronic low back pain. In most cases, muscle relaxants show no benefit be a nonsteroidal anti-inflammatory's in pain and improvement. In this case, there is no documentation as to the length of time the flex has been used. Additionally, there is no documentation as to functional improvement with the use of muscle relaxes. Consequently, Norflex 100 mg #90 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norflex 100mg #90 is not medically necessary.

Urine tox screen: 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 Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. In this case, the injured worker is not taking any prescribed opiate medications. Additionally, there are no entries in the medical record regarding the proposed use of opiates. There is no discussion as to risk of opiate and this use or abuse of the medical record and consequently, the urine toxicology screen is not medically necessary. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, urine drug toxicology is not medically necessary.

210 grams Flurbiprofen 20% / Tramadol 20% in Modiderm base: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprophen 20%, Tramadol 20% in Modiderm base is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprophen is not FDA approved. Topical analgesics containing nonsteroidal anti-inflammatory for topical application are indicated for osteoarthritis two joints that will lend itself to topical treatment such as ankle, elbow, foot, hand, knee and wrist. It has not been established or evaluated for treatment of the spine, hip or shoulder. In this case, there is no diagnosis of osteoarthritis for this patient. Additionally there is no rationale in the record as to why the patient requires topical nonsteroidal anti-inflammatory's versus traditional oral agents. Flurbiprophen is not FDA approved. Any compounded product that contains at least one drug (Flurbiprophen) that is not recommended is not recommended. Consequently, the topical compounded product containing Flurbiprophen is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the topical compounded product containing Flurbiprophen 20%, Tramadol 20% in a Modiderm base is not medically necessary.

210 grams Gabapentin 10% / Dextromethorphan 10% / Amitriptyline 10% in Mediderm base: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Gabapentin 10%, Dextromethorphan 10%, and Amitriptyline 10% in a Modiderm base is not medically necessary. Topical analgesics are largely experimental with few controlled trial to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin topical is not recommended. In this case, the treating physician requested the topical compound containing topical gabapentin 10%. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, the topical compound containing topical gabapentin is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, topical compound containing topical gabapentin 10%, is not medically necessary.

