

Case Number:	CM14-0179214		
Date Assigned:	11/03/2014	Date of Injury:	04/23/2013
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; earlier shoulder surgery of November 1, 2013; and extensive physical therapy over the course of the claim. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for Prilosec and Mentherm apparently requested on September 8, 2014. In a September 15, 2014 Medical-legal Evaluation, the applicant presented with ongoing complaints of low back, neck, and upper extremity dysfunction. Upper extremity paresthesias were noted. The applicant's work status was not clearly stated, although it was stated that the applicant was not in need of any formal rehabilitation. A 9% whole-person impairment rating was issued. In a September 13, 2014 applicant questionnaire, the applicant acknowledged that she was not working. In an August 8, 2014 progress note, the applicant reported ongoing complaints of neck pain, hand pain, and upper extremity paresthesias, 10/10. The applicant was not working, it was acknowledged, and had been off of work for eight months. The shoulder was the predominant pain generator. 7/10 shoulder pain was noted, exacerbated by lifting, carrying, reaching overhead, and/or pushing or pulling a grocery cart. The applicant was asked to consult a hand surgeon for possible carpal tunnel syndrome. Omeprazole was prescribed and dispensed, although it was not clearly stated why. It was suggested (but not clearly stated) that omeprazole was being employed prophylactically here. A rather proscriptive 10-pound lifting limitation was endorsed. It was noted that the applicant was currently using Mentherm and omeprazole as of August 8, 2014. On July 11, 2014, the applicant reported ongoing complaints of neck and shoulder pain with associated left arm paresthesias. The applicant stated that she was avoiding socializing with

friends, refraining from participation in recreational activities, and was having difficulty walking secondary to pain. It was stated that ongoing usage of naproxen was relieving the applicant's pain but was generating attendant symptoms of heartburn. In another note dated May 30, 2014, the applicant again reported heartburn on the review of systems section of the note. 7/10 pain was reported, again aggravated by reaching, sitting, walking, doing any kind of exercise, lying down, and/or pushing a grocery cart. The applicant stated that medications were helpful but did not elaborate or expound on the same. The applicant's complete medication list was not furnished on this progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg BID #60: Overturned

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, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. Here, the applicant has apparently developed naproxen-induced dyspepsia, which the attending provider has posited on at least some of the progress notes, referenced above, has been successfully ameliorated following introduction of Prilosec. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Menthoderm TID PRN: 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 Salicylate Topicals topic; Functional Restoration Approach to Chronic Pain Management section Pa.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals, such as Mentoderm, are indicated in the treatment of chronic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant is not working. The applicant continues to report severe pain about the neck, shoulder, and arm, in the 7/10 range or greater. The applicant is having difficulty performing activities of daily living as basic as reaching overhead, doing exercises, pushing and pulling a grocery cart, etc. All of the foregoing, taken together, suggests a lack of

functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Methoderm. Therefore, the request is not medically necessary.