

Case Number:	CM14-0180125		
Date Assigned:	11/04/2014	Date of Injury:	10/23/2008
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine and Rehabilitation 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 50-year-old woman with the date of injury of 10/23/08. She has been treated for cervical and lumbar spine sprain and strain with muscle spasms. She is noted to have tenderness in the cervical and lumbar spine with decreased range of motion. Records indicate the patient was prescribed tramadol, methadone, omeprazole and Naprosyn. Follow-up is also planned with orthopedic surgeon regards to right shoulder tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90 RETRO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The injured worker presents with exacerbation of chronic back and neck pain rule out disc herniation. Treatment is also being rendered for shoulder impingement, adhesive capsulitis and bursitis for which surgery has been recommended. MTUS guidelines recommends proton pump inhibitors for patients at intermediate risk for gastrointestinal events.

Documentation does not provide any support of risk factors for gastrointestinal events. Request for Omeprazole is therefore not medically necessary.

Naproxen 550mg#90 RETRO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Chapter 12, Low back complaints Page(s): 67-68.

Decision rationale: The injured worker presents with exacerbation of chronic back and neck pain rule out disc herniation. Treatment is also being rendered for shoulder impingement, adhesive capsulitis and bursitis for which surgery has been recommended. MTUS guidelines recommends NSAIDs for short-term use for low back pain complaints. The requests made for Naprosyn #90 with a 4 to 6 week follow-up, would not be considered short-term use. It is therefore not medically necessary.

Medrox Patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines salicylates, capsaicin Page(s): 105, 112.

Decision rationale: The injured worker presents with exacerbation of chronic back and neck pain rule out disc herniation. Treatment is also being rendered for shoulder impingement, adhesive capsulitis and bursitis for which surgery has been recommended. MTUS guidelines recommend salicylates and capsaicin 0.025% for treatment of low back pain. There is no recommendation for menthol as a topical analgesic for low back pain. Request for Medrox Patch as written does not meet MTUS guidelines and is therefore not medically necessary.

Unknown Prescription for Methoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines salicylates, capsaicin Page(s): 105, 112.

Decision rationale: The injured worker presents with exacerbation of chronic back and neck pain rule out disc herniation. Treatment is also being rendered for shoulder impingement, adhesive capsulitis and bursitis for which surgery has been recommended. Request for methoderm does not provide quantity, frequency or location of application. Furthermore,

MTUS guidelines do not provide recommendations for menthol. Request for Menthoderm is therefore not medically necessary.