

Case Number:	CM14-0023901		
Date Assigned:	06/11/2014	Date of Injury:	05/24/2013
Decision Date:	10/17/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 45 year old male with date of injury 5/24/2013. The mechanism of injury is stated as a motor vehicle accident. The patient has complained of neck, head, left shoulder, left thigh and finger pain since the date of injury. He has been treated with chiropractic therapy, physical therapy and medications since the date of injury. There are no radiographic data included for review. Objective: positive axial load compression test, positive Spurling's maneuver, decreased and painful range of motion of the cervical and lumbar spine, positive Hawkin's left shoulder, positive impingement sign left shoulder. Diagnoses: lumbago, cervicgia, joint derangement left shoulder. Treatment plan and request: Cyclobenzaprine, Prilosec, Tramadol, Methoderm gel, Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Muscle Relaxants (For Pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 45 year old male has complained of neck, head, left shoulder, left thigh and finger pain since date of injury 5/24/2013. He has been treated with chiropractic therapy, physical therapy and medications, to include Cyclobenzaprine for at least several months duration. Per the MTUS guideline cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only. The current request exceeds this recommended time period. Furthermore, the addition of cyclobenzaprine to other agents is not recommended. Per the MTUS guidelines cited above, cyclobenzaprine is not indicated as necessary for this patient.

Omeprazole DR 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 45 year old male has complained of neck, head, left shoulder, left thigh and finger pain since date of injury 5/24/2013. He has been treated with chiropractic therapy, physical therapy and medications, to include Prilosec for at least several months duration. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Omeprazole (Prilosec) is not indicated as medically necessary in this patient.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Long Acting).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76- 85, 88-89.

Decision rationale: This 45 year old male has complained of neck, head, left shoulder, left thigh and finger pain since date of injury 5/24/2013. He has been treated with chiropractic therapy, physical therapy and medications, to include opioids for at least several months duration. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of the lack of documentation and failure to adhere to the MTUS guidelines, Tramadol (Ultram) is not indicated as medically necessary.

Menthoderm gel: Upheld

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

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

Decision rationale: This 45 year old male has complained of neck, head, left shoulder, left thigh and finger pain since date of injury 5/24/2013. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for Menthoderm gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Menthoderm gel is not indicated as medically necessary.

Terocin patch #10: Upheld

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

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

Decision rationale: This 45 year old male has complained of neck, head, left shoulder, left thigh and finger pain since date of injury 5/24/2013. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for Terocin patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin patch is not indicated as medically necessary.