

Case Number:	CM14-0025402		
Date Assigned:	06/13/2014	Date of Injury:	01/29/2013
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 55 year old female who has a date of injury of 01/29/13. The mechanism of injury is not described. Clinical notes were submitted for review dated 01/21/14 and 12/03/13. Per these clinical notes, the injured worker is reported to have multiple complaints which include neck pain, right shoulder pain, low back on the right, and left knee pain. The injured worker reports that with medicine she feels better and with therapy she feels better. She is not currently working. Current medications include Tramadol extended release 150mg, Prilosec, Naprosyn 550mg, and topical creams. On physical examination on this date she is reported to be 5 feet 0 inches tall and weighs 205 lbs. She is noted to walk with a limp and uses a cane in her right hand. On examination of the shoulder, right shoulder flexion is 150, abduction 130, internal and external rotation 60. She is reported to have 2/4 pain in the right shoulder. Grip strength is equal bilaterally. She is reported to have a positive straight leg raise at 80 degrees bilaterally. She is reported to have diagnoses that include a cervical sprain, cervical degenerative disc disease, right shoulder impingement syndrome, lumbar degenerative disc disease from L4 through S1, HNP of 4mm at L5-S1. The record contains a utilization review dated 01/13/14 in which requests for topical creams, Tramadol 150mg #30, Naprosyn 550mg #60, Prilosec 20mg #90, Floricet 5/325mg #60, and physical therapy x 18 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAMS: KETOPROFEN, GABAPENTIN, TRAMDOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Compounded Medications.

Decision rationale: The request for topical creams, Ketoprofen, Gabapentin, and Tramadol is not supported as medically necessary. Per California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Gabapentin and Tramadol which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.

TRAMADOL 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Tramadol 150mg #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has diffused complaints. The records provide no substantive data regarding the efficacy of this medication in the treatment of the injured worker's pain. The record does not establish that there are functional improvements, a signed pain management contract, or urine drug screens are performed for compliance. As such, the request would not meet California MTUS for continued use of this medication.

NAPROSYN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: The request for Naprosyn 550mg #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has diffused pain. The record does not contain a detailed physical examination or provide any data to establish that the continued use of this medication is efficacious in treating both the injured worker's subjective complaints of pain and inflammation. It would further be noted that it appears that the injured

worker has NSAID induced gastritis. As such, the continued use of this medication is not established.

PRILOSEC 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Proton Pump Inhibitor.

Decision rationale: The request for Prilosec 20mg #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has been chronically maintained on oral medications. The record suggests that she has a history of NSAID induced gastritis. However, as the records have failed to establish the medical necessity for continued use of oral medications, the continued use of Prilosec 20mg would not be medically necessary.

FLORICET 50/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Floricet 5/325mg #60 is not medically necessary. The submitted clinical records have provided no supporting information which establishes that the use of this opiate medication has resulted in functional improvements. It is further noted that there is no data contained in the record which establishes that the injured worker has a signed pain management contract or has undergone urine drug screens for compliance. As such, the continued use of this medication would not be supported under California MTUS.

PHYSICAL THERAPY X 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Physical Therapy.

Decision rationale: The request for physical therapy x 18 is not supported as medically necessary. The submitted records indicate that the injured worker is greater than 1 year status post her work place injury. She has previously undergone physical therapy. The records contain no data to determine the number of visits and types of therapy provided. As such, given the lack

of supporting documentation, continued physical therapy x 18 cannot be supported as medically necessary.