MAXIMUS Federal Services

Case Number:	CM14-0028967		
Date Assigned:	06/16/2014	Date of Injury:	07/16/2010
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/06/2014

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 has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 16, 2010. Thus far, the applicant has been treated with the following: analgesic medications; topical compounds; and transfer of care to and from various providers in various specialties. In a utilization review report dated February 13, 2014, the claims administrator approved requests for psychiatric consultation, Naprosyn, and Vicodin; the claims administrator denied Prilosec and a topical compounded drug. A handwritten note dated October 10, 2013 indicates the applicant was placed off of work, on total temporary disability. The applicant is described as having persistent shoulder pain complaints. Naprosyn, Motrin, a topical compound, and Prilosec were endorsed. Little to no rationale was provided for either Prilosec or the topical compound. There was no discussion of medication efficacy. The applicant was again placed off of work on a subsequent note dated December 12, 2013. The applicant was described as being 18 months removed from the earlier shoulder surgery, with residual wrist pain complaints and ancillary complaints of depression, diabetes, and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 #60: 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): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of a proton-pump inhibitor, such as Prilosec, to combat NSAID-induced dyspepsia, in this case there was no mention or discussion of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone, on any recent progress note provided. Therefore, the request is not medically necessary.

TRANSDERMAL PAIN GKL/CAP/: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Topical Analgesics Page(s): 7; 111.

Decision rationale: The exact composition of the compound has not been provided. As noted in the MTUS adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the recommended first-line palliative method. In this case, the applicant's ongoing usage of Naprosyn and Vicodin effectively negates the need for what page 111 of the Chronic Pain Medical Treatment Guidelines (CPMG) deems largely experimental topical compounds, such as the transdermal medication being proposed here. It is further noted that the request in question represents a renewal request. On page 7, the CPMG notes that an attending provider should incorporate some discussion of medication's efficacy into his choice of recommendations. However, the attending provider has not clearly stated whether this transdermal pain medication has been beneficial here. The applicant has failed to return to work and remains reliant on oral medications. Both of those facts are evidence of a lack of functional improvement despite ongoing usage of the compound in question. Therefore, the request is not medically necessary.