

Case Number:	CM14-0030569		
Date Assigned:	06/20/2014	Date of Injury:	11/18/2011
Decision Date:	08/11/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 47 year old female injured on 11/18/11 due to a fall off the chair landing onto the injured worker's back against the hard floor resulting in an injury to neck, shoulder, hip, and low back. Current diagnoses include chronic cervical sprain/strain, left shoulder post-traumatic arthrosis of the acromioclavicular joint, right shoulder post-traumatic arthrosis of the acromioclavicular joint, left shoulder tendonosis, right shoulder compensatory pain, lumbar degenerative disc disease/degenerative joint disease, obesity, anxiety/depression, and insomnia. Clinical note dated 01/30/14 indicates the injured worker presented complaining of moderate neck pain, moderate bilateral shoulder pain, and moderate low back pain. Documentation indicates the injured worker is currently utilizing topical Ketoprofen, Gabapentin, and Tramadol; however, requesting the oral form of the topical medication. Physical examination of the neck and shoulder reveal neck stiffness, decrease shoulder range of motion, normal sensation to bilateral upper and lower extremities, and 5/5 motor strength to all muscle groups tested. Treatment recommendations include physical therapy 3 times a week for six weeks, continuation of topical creams, and oral forms of the topical forms to include Tramadol ER 150 mg #30, Gabapentin 300mg #60, and Prilosec 20mg #90. Further documentation indicates the injured worker began physical therapy on 02/06/14 completed on 03/11/14. The initial request for physical therapy 3 times per week for 6 weeks, Prilosec 20mg #90, and creams Keto/Gaba/Tram were initially non-certified on 03/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentation indicates the injured worker previously attended physical therapy; however, the number of sessions and any functional improvement achieved was not provided. Additionally, the area to be addressed was not provided. The documentation indicates the injured worker attended physical therapy between 02/06/14 and 03/11/14. As such, the request for Physical therapy 3 times per week for 6 weeks cannot be recommended as medically necessary at this time.

Prilosec 20 mg #90: 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 Page(s): 67-73.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Documentation indicates this medication was prescribed prophylactically. As such, the request for Prilosec 20 mg #90 cannot be established as medically necessary.

Creams: Keto, Gaba, Tram: 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: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous

clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, the California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The components have not been approved for transdermal use. In addition, administration of these in both topical and oral form would result in a redundancy in medication administration. Therefore Creams: Keto, Gaba, Tram cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.