

Case Number:	CM14-0034037		
Date Assigned:	06/23/2014	Date of Injury:	11/08/2009
Decision Date:	08/08/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 Family 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:

This injured worker's date of injury is 11/08/2009. The patient receives treatment for chronic neck and shoulder pain. The medical diagnoses include: cervical radiculopathy, shoulder region disorder, and acromioclavicular sprains and strains. These are diagnoses gleaned from a reviewer's notes. Medical records were not included for any dates of services near to the time of the UR review. There are no relevant treatment records regarding the actual medications requested below.

IMR ISSUES, DECISIONS AND RATIONALES

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

retro DOS 1/27/14 Omeprazole 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a PPI (proton pump inhibitor). PPI's may be medically indicated for patients taking NSAIDS who are deemed at risk for gastrointestinal hazards associated with taking NSAIDS by mouth; eg, upper GI bleeding. There is no medical

documentation about any such risks. Therefore, the request for Omeprazole 20mg is not medically necessary.

Retro DOS 1/27/14 nabumetone 750 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: Nabumetone is considered a non-selective NSAID. This NSAID may be medically indicated for the treatment of osteoarthritis, provided the lowest effective dose is used. Nabumetone may not be medically appropriate with patients with chronic kidney disease, CHF, or hypertension; as it may lead to worsening of these conditions. There is no medical documentation to support the use of this drug. Therefore, the request for Nabumetone 750mg is not medically necessary.

retro DOS 1/27/14 Terocin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Terocin patch is an over the counter patch that contains Lidocaine and menthol. The manufacturer markets this for the temporary relief of muscle aches. Topical analgesics are not medically indicated to treat chronic pain, because there are no clinical trials that conclusively show their effectiveness or safety for treating chronic pain. Menthol is not medically indicated for treating chronic pain. Lidocaine is only FDA approved to treat neuropathic pain after first-line agents have already been tried. Lidocaine is only approved in its Lidocaine patch formula. Therefore, the request for Terocin patch is not medically necessary.

Retro DOS 1/27/14 Tramadol ER 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91-94.

Decision rationale: Tramadol is a synthetic opioid whose mechanism of action is through the central nervous system. Tramadol may produce some serious side effects, including serotonin

syndrome. There is no medical documentation to support its use. Therefore, the request for Tramadol ER 150mg is not medically necessary.