MAXIMUS Federal Services

Case Number:	CM14-0045441		
Date Assigned:	06/27/2014	Date of Injury:	07/10/2006
Decision Date:	08/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 is licensed to practice in Nevada. 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 56 year-old female who was reportedly injured on July 10, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 3, 2014, indicates that there are ongoing complaints of bilateral wrist, bilateral knee and lumbar spine pain. It is noted that the injured employee has been cleared to be permanent stationary. The physical examination demonstrated a positive Tinel's sign and a positive Phalen's sign present bilaterally. Sensation was mildly decreased. Deep tendon reflexes are noted to be a two plus and intact. No instability is noted. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple medications and conservative measures. A request was made for multiple medications and was not medically recommended in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Naproxen 550 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 66 & 73 of 127 Page(s): 66 & 73 OF 127.

Decision rationale: Recommended as an option, however the progress notes indicate this medication is only being taken sparingly. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The diagnosis has not been offered in the progress of presented for review. Therefore, when noting the date of injury, the injury sustained and the findings on physical examination currently reported tempered by the parameters outlined in the Medical Treatment Utilization Schedule (MTUS) the medical necessity for this medication is not established. Therefore, the request is not medically necessary.

60 Hydrocodone/APAP 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 74-78 of 127 Page(s): 74-78 OF 127.

Decision rationale: The date of injury and the treatment rendered indicates multiple pain generators but there is no indication of severe breakthrough pain. Furthermore, the injured employee has been cleared to return to work, has a relatively normal physical examination (equal bilaterally) and as such there is no indication established with a medical necessity for this opioid narcotic. Therefore, the request is not medically necessary.

FluriFlex 15/10% 180 gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded; Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) is not recommended. The guidelines note there is little evidence to support the use of topical nonsteroidal anti-inflammatory drug (NSAIDs). Flurbiprofen is for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). Based on the clinical data presented the medical necessity has not been established. Therefore, the request is not medically necessary.

TGIce 8/10/2/2% 180 gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded; Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that this medication is largely experimental and the literature does not support the efficacy or utility of such a preparation. When noting the physical examination findings reported, tempered by the clearance to return to work, and that a permanent stationary status has been reached there is no clinical indication presented why this type of preparation is indicated. Therefore, the request is not medically necessary.

100 Omeprazole 20mg: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127 Page(s): 68 OF 127.

Decision rationale: Omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There are numerous proton pump inhibitors available over the counter without a prescription. Given that gastritis or gastrointestinal distress situations are not described, and that there is no oral non-steroidal medication being employed, there is no medical necessity established for this preparation. Therefore, the request is not medically necessary.