

Case Number:	CM14-0053329		
Date Assigned:	07/07/2014	Date of Injury:	09/06/2011
Decision Date:	09/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 31-year-old female who sustained cumulative trauma from September 6, 2011 to September 14, 2011. She was diagnosed with (a) brachia neuritis or radiculitis; (b) displacement of cervical intervertebral disc without myelopathy; (c) degeneration of cervical intervertebral disc; (d) cervical facet joint hypertrophy; (e) psychosexual dysfunction; (f) dysthymic disorder; (g) insomnia; (h) occipital neuritis; (i) disorders of bursae and tendons in the right shoulder region; and (j) osteoarthritis, localized primary involving bilateral shoulder region. She was seen on October 31, 2013 for an evaluation. She reported complaints of pain in the neck, upper back, lower back, elbow, forearm, wrist, hand, fingers and thumb. She also mentioned that pain was reduced with rest, activity modifications, and heat and cold therapy. Examination of the right shoulder revealed tenderness over the supraspinatus and infraspinatus. Examination of the cervical spine revealed slight spinal and paraspinal tenderness over the right side and over the facet joints on the right. Sensory deficit was noted on the medial forearm and hand in the fourth and fifth digit on the right with distorted superficial tactile sensibility corresponding to the C8 dermatome. Shoulder depression test was positive bilaterally. Extension compression test was positive on the right. Range of motion was slightly limited. Examination of the thoracic spine revealed slight tenderness over the upper trapezius on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartivisc 500/200/150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine (and Chondroitin sulfate).

Decision rationale: The request for Cartivisc 500/200/150 mg #90 is not medically necessary at this time. As per the California Medical Treatment Utilization Schedule, glucosamine and chondroitin sulfate is primarily indicated for those with knee osteoarthritis. Based on the medical records reviewed, the injured worker has no complaints or objective findings relative to the knee.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Proton pump inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors (PPIs).

Decision rationale: The request for Omeprazole 20 mg #60 is not medically necessary at this time. From the medical records reviewed, there was no documentation of any gastrointestinal complaints. She is not also considered at risk for gastrointestinal events based on the medical records reviewed. Hence, the use of Omeprazole 20 mg #20 is not necessary.

Flurbiprofen/Tramadol 20% in mediderm base 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Flurbiprofen 20%, Tramadol 20% in Mediderm base 30 gm is not medically necessary at this time. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines do not support topical use of Flurbiprofen and Tramadol. Additionally, the injured worker reported that her pain has been responding favorably to rest, activity modifications, and heat and cold therapy.

Hence, the use of Flurbiprofen 20%, Tramadol 20% in Mediderm base 30 gm is not considered medically necessary at this time.

Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base 30gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The request for Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm base 30 gm is not medically necessary at this time. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines do not support topical use of Gabapentin, Amitriptyline, and Dextromethorphan. Additionally, the injured worker reported that her pain has been responding favorably to rest, activity modifications, and heat and cold therapy. Her medical condition at this time does not warrant the use of Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm base. Hence, the use of Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm base 30 gm is not considered medically necessary at this time.