MAXIMUS Federal Services

Case Number:	CM14-0060705		
Date Assigned:	07/09/2014	Date of Injury:	02/13/2013
Decision Date:	09/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 patient is a 54-year-old male who has submitted a claim for labrum tear right shoulder, SALP tear right shoulder, and right carpal tunnel syndrome associated with an industrial injury date of February 13, 2013. Medical records from 2013-2014 were reviewed. The patient complained of right shoulder wrist pain. The shoulder pain radiates to the neck and head as well as into the chest, underarm, and shoulder blade area. The wrist pain radiates into the fingers and to the shoulders. There was numbness and tingling at times in all five digits of the right hand. Physical examination showed pain on range of motion of the right elbow and right wrist. Impingement sign and Phalen's test on the right were positive. MRI of the cervical spine, dated February 10, 2014, revealed spondylosis changes, C3-C4, C4-C5, C5-C6, and C6-C7 posterior disc bulge without canal stenosis or neural foraminal narrowing. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, and activity modification. Utilization review, dated April 8, 2014, denied the request for prescription drug, generic because there was no evidence that the patient has failed oral medications and because topical compounded medications are largely experimental in use with few trials to determine efficacy or safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic (outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 1-127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Medications for Subacute and Chronic Pain.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, a progress report dated March 13, 2014 showed the patient to be prescribed Gabapentin 10% Dextromethorphan 10% Amitriptyline 10% cream, Flubiprofen 20% Tramadol 20% Cyclobenzaprine 4% cream, Ambien, Flector patch, and Tylenol no. 3. However, the present request failed to specify the particular treatments to be requested for this patient. The medical necessity has not been established due to non-specificity of the request. Therefore, the request for Prescription drug, generic (outpatient) is not medically necessary.