

Case Number:	CM14-0068052		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2012
Decision Date:	09/25/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pain Management 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 53-year-old male who sustained an injury on February 15, 2012 and cumulative trauma from March 1, 2011 to February 14, 2012. He is diagnosed with bilateral shoulder impingement syndrome with myoligamentous injury and sprain/strain; bilateral elbow sprain/strain and lateral epicondylitis; bilateral carpal sprain/strain and carpal tunnel syndrome; and bilateral wrist sprain/strain. He was seen on May 28, 2014 for an evaluation. He reported complaints of bilateral shoulder, elbow, and wrist pain. He also reported loss of sleep and waking up three times a night due to pain. The examination of the bilateral shoulders revealed tenderness over the right acromioclavicular joint and bilateral anterior and posterior portion of the shoulders. The impingement test caused pain. The examination of the bilateral elbows revealed tenderness over the lateral, medial, and posterior portion of the bilateral elbows. The examination of the bilateral wrists revealed well-healed surgical scars. There was tenderness over the bilateral dorsal and volar wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Pain (updated 3/18/14), Insomnia treatment.

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

Decision rationale: The request for Zolpidem 10 mg #30 is not medically necessary. A review of medical records revealed that the injured worker has been medicating with Zolpidem from October 18, 2013 to March 28, 2014. The guidelines recommend this medication for treatment of insomnia on a short-term basis only, usually two to six weeks. The injured worker has been using this medication for over 5 months. Hence, further use of Zolpidem 10 mg #30 is not medically necessary.

Flurbiprofen 20%, Tramadol 20% in Mediderm base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation The Official Disability Guidelines, Pain (updated 3/18/14), Compound drugs.

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 30gm is not medically necessary. 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. Moreover, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines do not support topical use of Flurbiprofen and Tramadol. Hence, the use of Flurbiprofen 20%, Tramadol 20% in Mediderm base 30gm is not considered medically necessary.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: The request for Omeprazole is not medically necessary. According to the Official Disability Guidelines (ODG), Omeprazole is recommended for workers at risk for gastrointestinal events. From the medical records reviewed, there was no documentation of any gastrointestinal complaints or findings in this worker. Hence, the use of Omeprazole is not necessary.