

Case Number:	CM14-0190017		
Date Assigned:	12/16/2014	Date of Injury:	02/24/1998
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for limb pain reportedly associated with an industrial injury of February 24, 1998. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for Prilosec and Methoderm while approving oral Voltaren and electrodiagnostic testing of the bilateral upper extremities. A prescription for Lyrica was conditionally denied, however. The claims administrator referenced a September 4, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On October 2, 2014, the applicant was asked to continue Ativan, Zoloft, and Desyrel. The applicant was "permanent and stationary" and on "disability status," it was suggested, implying that the applicant was not working. The persistent complaints of depression, anxiety, and insomnia were noted. The applicant was recently divorced, it was further stated. In a September 4, 2014 progress note, the applicant reported ongoing complaints of wrist pain, arm pain, and upper extremity pain status post bilateral ulnar nerve transposition and status post bilateral carpal tunnel release surgery. The applicant also had issues with left index finger trigger finger. Voltaren, Prilosec, Methoderm, and permanent work restrictions were endorsed. The applicant was asked to switch from Neurontin to Lyrica. The attending provider did not include much discussion of medication efficacy, although it was noted that the applicant was having symptoms of disorientation and inability to function owing to usage of Neurontin. On July 3, 2014, the applicant was asked to employ Methoderm gel. The left radial nerve injection was given. The applicant is status post carpal tunnel release surgery. Heightened pain complaints are noted in both arms. Again, there is little to no mention of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: 1. No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there is no mention of any active issues with reflux, heartburn, and/or dyspepsia evident on any of the progress notes, referenced above, including those dated July 3, 2014 and September 4, 2014. The attending provider did not clearly state for what purpose Prilosec (Omeprazole) was being employed here. Therefore, the request was not medically necessary.

Menthoderm gel 120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Functional Restoration Approach to Chronic Pain Management Page(s): 105 and.

Decision rationale: 2. Similarly, the request for Mentoderm gel, a salicylate topical, was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentoderm are recommended in the treatment of chronic pain as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the attending provider does not clearly outline how (or if) ongoing usage of Mentoderm has generated any improvement. The applicant is seemingly off of work, although it is acknowledged that this may be a function of the applicant's mental health issues as opposed to her chronic pain issues alone. The applicant remains dependent on a variety of analgesic and adjuvant medications, including Lyrica, oral Voltaren, etc. The attending provider's progress notes of July 3, 2014, September 4, 2014, and October 2, 2014, referenced above, failed to outline how (or if) ongoing usage of Mentoderm had or have not proven beneficial here. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentoderm. Therefore, the request was not medically necessary.

