

<b>Case Number:</b>	CM14-0191550		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 30 year old female who sustained a work related injury June 4, 2014. According to a doctor's first report date June 16, 2014, the injured worker was initially seen in an emergency room with negative x-rays related to a left hand injury(no x-ray reports are present in this case file). At that time, she also complained of neck and arm pain she felt was due to repetitive injury, without history of acute trauma or cumulative trauma and treatment included Motrin. She presented now with moderately severe pain in the left hand and neck, having symptoms for the last 12 days. Diagnoses included contusion of the left hand and cervical sprain/strain. The treatment plan was documented as moist heat paid, thumb splint, Biofreeze to affected areas, and physical therapy evaluation and treatment 3x2. Work status included return to work with restrictions of limited lift pull and push up to 10 pounds and must wear a splint. On October 1, 2014, the primary treating physician's progress report noted the injured worker complained of frequent moderate 7/10 sharp neck pain and stiffness, upper mid back and left shoulder pain, and constant 7/10 throbbing left wrist pain with numbness and tingling. On physical examination revealed left wrist range of motion is decreased and painful, 2+ tenderness to palpation of the volar wrist. Tinel's, Phalen's, and reverse Phalen's cause's pain without swelling, bruising, atrophy, or lesion present. An upper extremity EMG/NCV is documented as normal (report not in present case file). Cervical range of motion decreased and painful with 3+tenderness to palpation of the cervical paravertebral muscles with spasm. There is decreased range of motion and 3 + tenderness to palpation of the thoracic paravertebral muscles with palpation and 3+ tenderness to palpation of the anterior shoulder, lateral shoulder, trapezius, pectoralis with muscle spasm of the trapezius and medial border of the scapula. Diagnoses included cervical, thoracic and left shoulder sprain strain, cervical and thoracic myofascitis and left wrist sprain/strain. Treatment plan includes continued physical therapy 2-3 x per week for 6

weeks, kinetic activities, MRI of the cervical spine, left shoulder and left wrist. Return to work is listed as 4-6 weeks. There are no MRI reports present in this case file. According to utilization review performed November 5, 2014, the retrospective request for 1 month supply of Prilosec and 1 tube of Methoderm cream is not medically necessary. Citing MTUS guidelines, there is lack of documentation of the injured worker at risk for gastrointestinal events. In addition, there is lack of documentation of a trial of antidepressants or anticonvulsants with subsequent failure, presence of neuropathic pain, and lack of documentation relating to the therapeutic and functional benefit in the ongoing use of the medications requested. Therefore, 1 month supply of Prilosec and 1 tube of Methoderm cream are non-certified. According to utilization review performed November 5, 2014, the retrospective request for 1 month supply of Prilosec and 1 tube of Methoderm cream is not medically necessary. Citing MTUS guidelines, there is lack of documentation of the injured worker at risk for gastrointestinal events, has had a trial of antidepressants or anticonvulsants with subsequent failure, presence of neuropathic pain, and lack of documentation relating to the therapeutic and functional benefit in the ongoing use of the medications requested. Therefore, 1 month supply of Prilosec and 1 tube of Methoderm cream are non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Month Supply of Prilosec: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 30 year old female has complained of neck and left hand pain since date of injury 6/4/2014. She has been treated with physical therapy and medications. The current request is for Prilosec. Based on the records reviewed, there is a lack of documentation of relevant signs, symptoms, or description of specific risk factors for gastrointestinal (GI) disease in this patient. In the MTUS citation listed above, chronic use of proton-pump inhibitor (PPI) can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, this request is not medically necessary.

#### **1 Tube of Methoderm cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylate Page(s): 111; 105.

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

**Decision rationale:** This 30 year old female has complained of neck and left hand pain since date of injury 6/4/2014. She has been treated with physical therapy and medications. The current request is for Mentherm cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental. When used, it is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Mentherm cream is not medically necessary.