

Case Number:	CM14-0198138		
Date Assigned:	12/08/2014	Date of Injury:	02/19/2009
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old female who was injured on 2/19/2009. The diagnoses are left rotator cuff syndrome, lumbar radiculopathy, cervical radiculopathy, status post cervical fusion, lumbar strain and insomnia. The patient completed PT and acupuncture treatments. The MRI of the shoulder showed partial tear of the supraspinatus tendon. The 2013 MRI of the cervical spine showed cervical spondylosis and degenerative disc disease. The EMG/NCV did not show evidence of nerve entrapment. On 11/3/2014, [REDACTED] noted subjective complaint of left shoulder, neck and low back pain. The pain score was rated at 8/10 on a 0 to 10 scale. There were objective findings of decreased range of motion of the shoulder, cervical and lumbar spine. There was tenderness to palpation of the paraspinal cervical and lumbar areas. The straight leg raising test and SI joint provocative tests are positive. The current medications listed are trazodone, gabapentin, Naproxen, Omeprazole and compound topical cream. The Norco and Tramadol medications as well as epidural injections requests were noted as non certified in previous reviews. A Utilization Review determination was rendered on 11/14/2014 recommending non certification for Anaprox DS/Naproxen 550mg #60, Omeprazole DR 20mg #60, Topical compound cream, tramadol HCL/APAP 37.5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS/Naproxen 550 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that NSAID can be utilized for the treatment of exacerbation of severe musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal adverse effects. The records indicate that the use of NSAID is efficacious in the patient. There is no report of adverse medication effect. The criteria for the use of Anaprox DS/ Naproxen 550mg #60 were met. Therefore, this request is medically necessary.

Tramadol HCL/APAP 37.5/325 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the patient was utilizing opioids because the NSAIDs did not completely resolve the pain. There was effective pain relief without adverse effect or aberrant medication behavior. There is documented functional improvement with the use of the medications. The use of Tramadol is associated with less addictive and sedative adverse effects than pure opioid agonist. The criteria for the use of Tramadol HCL /APAP 37.5/325mg #60 were met. Therefore, this request is medically necessary.

Omeprazole DR 20 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related gastrointestinal adverse effects. The records indicate that this 57 year old patient had utilized omeprazole for the control of NSAIDs induced gastritis during the chronic NSAIDs treatment.

The medication was noted to be effective. There are no reported adverse effects. The criteria for the use of Omeprazole DR 20mg # 60 were met. Therefore, this request is medically necessary.

Topical compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The records did not show that the patient was diagnosed with localized neuropathic pain. It is recommended that topical products be tried and evaluated individually. The records did not show that the patient failed treatment with first line medications. The contents of the topical compound cream were not specified. The criteria for the use of the Topical compound cream were not met. Therefore, this request is not medically necessary.