

Case Number:	CM15-0001403		
Date Assigned:	01/12/2015	Date of Injury:	11/10/2010
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 11/10/2010. The mechanism of injury was not stated. The current diagnoses include cervical arthrosis with radiculopathy, tension headaches, trapezial and paracervical strain, right cubital tunnel syndrome, and status post right lateral epicondylar repair. The injured worker was evaluated on 07/10/2014. The injured worker reported ongoing neck pain with radiation into the upper extremities. The injured worker was pending a court hearing regarding a proposed cervical spine surgery. Upon examination, there was decreased range of motion of the cervical spine with pain, slight trapezial and paracervical tenderness on the right, positive Spurling's test on the right, a 10 degree flexion contracture of the right elbow with pain on minimal extension, and mild lateral epicondylar tenderness on the right. Recommendations included continuation of the current medication regimen of Voltaren 100 mg, Prilosec 20 mg, and Methoderm gel 120 grams. A Request for Authorization form was then submitted on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 120 gm of Methoderm gel/ointment (Date of service: 7/10/14): Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, the injured worker has utilized a Menthoderm gel since 02/2014. There was no documentation of objective functional improvement. There was also no frequency listed in the current request. As such, the request is not medically appropriate.

RETROSPECTIVE 60 Voltaren 100mg (Date of service: 7/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has utilized Voltaren 100 mg since 09/2013. The guidelines do not recommend long term use of NSAIDs. There was no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

RETROSPECTIVE 60 Ompeprazole 20mg (Date of service: 7/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There was also no frequency listed in the request. As such, the request is not medically appropriate.