

Case Number:	CM15-0007615		
Date Assigned:	01/26/2015	Date of Injury:	06/26/2013
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 (IW) is a 48 year old female who sustained an industrial injury on 06/26/2013. She has reported bilateral wrist pain, neck pain with posterior headache. The diagnoses have included Sprains and strains other and unspecified parts back. Treatment to date has included epidural steroid injections, oral and topical medications. Currently, the IW complains of bilateral upper extremity overuse syndrome, situation post-surgery right wrist, situation post-surgery left wrist, and headaches with myofascial pain. She is receiving occupational therapy and medications for pain. On 12/22/2014 Utilization Review non-certified a request for Retro (DOS 12/8/14): Menthoderm Gel 120gm, noting the medication was largely experimental and primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation does not reflect that the IW is suffering from neuropathic pain and it is not apparent why she needs topical medication. The MTUS, Chronic Pain Guidelines, was cited. On 12/22/2014 Utilization Review non-certified a request for Retro (DOS 12/8/14): Omeprazole 20mg cap #60, noting the IW is no longer taking NSAID's and has no need for this medication. The MTUS, Chronic Pain Guidelines was cited. On 12/22/2014 Utilization Review non-certified a request for Retro (DOS 12/8/14): Diclofenac Sodium #60 noting the dosing was unclear. The MTUS, Chronic Pain Guidelines was cited. On 01/13/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 12/8/14): Mentherm Gel 120gm: Upheld

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

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

Decision rationale: The requested topical gel contains menthol and salicylate. Menthol is not a recommended topical drug. MTUS notes that there is poor objective documentation of the efficacy of topical analgesics in general and that if one of the components of a compound topical medication is not recommended then the entire compound is not recommended. Mentherm gel is not medically necessary for this patient.

Retro (DOS 12/8/14): Omeprazole 20mg cap #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular risk Page(s): 68 - 69.

Decision rationale: At times the patient was taking diclofenac and other NSAIDS. The patient does not meet MTUS high risk criteria for taking a proton pump inhibitor (PPI). The patient is not 65 years old or older and there is no documentation of peptic ulcer disease or GI bleeding. Omeprazole is a PPI and is not medically necessary for this patient.

Retro (DOS 12/8/14): Diclofenac Sodium #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: According to MTUS, NSAIDS should be taken in the lowest dose for the shortest period of time since this drug class is associated with GI, cardiovascular and renal adverse effects. Also, there is no documented arthritis or acute synovitis in this patient. Also, there must be an indicated dose for the requested medication and there is no dose strength indicated in Diclofenac Sodium 60 tablets.