

Case Number:	CM15-0131687		
Date Assigned:	07/17/2015	Date of Injury:	11/10/2010
Decision Date:	08/13/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/07/2015

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
Certification(s)/Specialty: Emergency Medicine

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 was a 48 year old female, who sustained an industrial injury, November 10, 2010. The injured worker previously received the following treatments cervical spine MRI, cervical epidural steroid injection, cervical fusion, degenerative disc disease of the cervical spine, Voltaren, Prilosec and physical therapy. The injured worker was diagnosed with HPN (herniated nucleus pulposus) of the cervical spine, cervical fusion at C4-C5, C5-C6, upper extremity radiculitis right greater than the left, anterior cervical discectomy and fusion, cervical arthrosis with radiculopathy and tension headaches, trapezial and paracervical strain, right cubital tunnel syndrome, status post right lateral epicondylar repair and bilateral forearm tendinitis. According to progress note of May 29, 2014, the injured worker's chief complaint was continued with pain in the neck that radiated into the right arm with numbness. The physical exam noted decreased range of motion of the cervical spine. There was slight trapezial and paracervical tenderness on the right. The Spurling's test was positive on the right. There was a 10 degree flexion contracture at the right elbow with some pain on maximal extension. There was mild lateral epicondylar tenderness on the right. The grip strength was diminished of the right. The treatment plan included prescriptions renewals for Methoderm Ointment, Prilosec and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Methoderm Ointment 120g DOS: 5/29/14: Upheld

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

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

Decision rationale: The requested Retrospective prescription of Methoderm Ointment 120g DOS: 5/29/14, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anticonvulsants." The injured worker has pain in the neck that radiated into the right arm with numbness. The physical exam noted decreased range of motion of the cervical spine. There was slight trapezial and paracervical tenderness on the right. The Spurling's test was positive on the right. There was a 10-degree flexion contracture at the right elbow with some pain on maximal extension. There was mild lateral epicondylar tenderness on the right. The grip strength was diminished of the right. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective prescription of Methoderm Ointment 120g DOS: 5/29/14 is not medically necessary.

Retrospective prescription of 60 Omeprazole (Prilosec) 20mg DOS: 5/29/14: 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 & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Retrospective prescription of 60 Omeprazole (Prilosec) 20mg DOS: 5/29/14, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain in the neck that radiated into the right arm with numbness. The physical exam noted decreased range of motion of the cervical spine. There was slight trapezial and paracervical tenderness on the right. The Spurling's test was positive on the right. There was a 10-degree flexion contracture at the right elbow with some

pain on maximal extension. There was mild lateral epicondylar tenderness on the right. The grip strength was diminished of the right. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Retrospective prescription of 60 Omeprazole (Prilosec) 20mg DOS: 5/29/14 is not medically necessary.

Retrospective prescription of 60 Voltaren 100mg DOS: 5/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Retrospective prescription of 60 Voltaren 100mg DOS: 5/29/14, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain in the neck that radiated into the right arm with numbness. The physical exam noted decreased range of motion of the cervical spine. There was slight trapezial and paracervical tenderness on the right. The Spurling's test was positive on the right. There was a 10 degree flexion contracture at the right elbow with some pain on maximal extension. There was mild lateral epicondylar tenderness on the right. The grip strength was diminished of the right. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Retrospective prescription of 60 Voltaren 100mg DOS: 5/29/14 is not medically necessary.