

Case Number:	CM15-0134856		
Date Assigned:	07/23/2015	Date of Injury:	06/05/2012
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 is a 63-year-old female who sustained an industrial injury on June 15, 2012. She reported a broken door smashed her right hand. The injured worker was diagnosed as having right wrist residuals after prior trauma and surgery and left IF mallet at the distal interphalangeal joint (DIP). Treatments and evaluations to date have included physical therapy, x-rays, acupuncture, and medication. Currently, the injured worker complains of bilateral hand tingling and numbness with sharp stabbing pain, cracking pain in the right thumb and stiffness and sharp aching pain in the left index finger. The Primary Treating Physician's report dated June 17, 2015, noted the injured worker reported the pain in her right thumb a 3-6/10 with the medication helping, and the pain in her left index finger a 6/10. The right wrist was noted to have healed surgical scars, tenderness to palpation, diminished range of motion (ROM) with pain, and mild swelling. The treatment plan was noted to include follow up with the hand surgeon, and prescriptions for Ibuprofen, Prilosec, and Methoderm. The injured worker was noted to remain off work for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines note there is no evidence of long term effectiveness for pain or function with use of non-steroid anti-inflammatory drugs. "The injured worker was noted to have been prescribed Ibuprofen since at least March 2015, with documentation of improvement in pain as well as increased strength. Based on the reported increased improvement, the request for ibuprofen 800mg tablets is considered medically necessary.

Prilosec 20 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS guidelines noted that co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin).The guidelines are specific regarding the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history which could include many other GI issues. The injured worker was noted to have been prescribed a NSAID and Prilosec since at least March 2015. There was no documentation provided that indicated the injured worker was at risk for a gastrointestinal (GI) event as she was 63, without a documented history of a peptic ulcer or gastrointestinal (GI) bleed, nor was she prescribed concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose or multiple NSAIDS. The guidelines do not support the request, as such it is not medically necessary.

Menthoderm Ointment 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://fdb.rxlist.com/drugs/drug-151934-Menthoderm+Top.aspx?drugid=151934&drugname=Menthoderm+Top&source=0>.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication of Mentoderm ointment consists of Methyl Salicylate and Menthol. Methyl salicylate is an aspirin-type ingredient. The efficacy of non-steroid anti-inflammatory drugs (NSAIDs) in topical analgesics has been inconsistent, with no long term studies of their effectiveness or safety, recommended for short term use (4-12 weeks). The injured worker was noted to have been prescribed the Mentoderm ointment in January, and again in June of 2015, without documentation of objective, measurable improvement in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), quality of life, or work status with its use. The treating physician's request did not include the site of application or directions for use, and as such the prescription is not sufficient. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Mentoderm Ointment 240 gm. The request is not medically necessary.