

Case Number:	CM15-0143680		
Date Assigned:	08/04/2015	Date of Injury:	12/16/2013
Decision Date:	09/08/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of December 16, 2013. In a Utilization Review report dated June 18, 2015, the claims administrator approved a request for Flexeril, failed to approve a request for ibuprofen, failed to approve a request for Prilosec, and failed to approve a request for topical Methoderm. The claims administrator referenced an RFA form received on June 11, 2015 in its determination, along with an associated progress note of June 3, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated June 3, 2015, the applicant was placed off of work, on total temporary disability, for 30-45 days. The applicant was asked to continue various medications, including ibuprofen. The applicant was described as having chronic knee arthritis status post left total knee arthroplasty. The applicant was having difficulty ambulating, it was reported. Ongoing complaints of knee and low back pain were reported, 4-7/10. No seeming discussion of medication efficacy transpired on this date. The applicant's complete medication list was not detailed. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. Omeprazole and Prilosec were also dispensed, it was suggested at the bottom of the note, again without any discussion of medication efficacy. In an Agreed Medical Evaluation (AME) dated May 27, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was off of work and receiving Workers' Compensation indemnity benefits, it was reported. The applicant had received 24 sessions of acupuncture, physical therapy, and a TENS unit, without significant relief, it was suggested. The applicant was still having difficulty performing activities of daily

living to include standing, walking, sleeping, sitting, and driving, it was reported. The medical-legal evaluator gave the applicant a 43% whole-person impairment rating. The applicant was described as a qualified injured worker, suggesting that the applicant was not, in fact, working. The applicant's past medical history was negative, it was reported. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. Medication efficacy was not discussed or detailed.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil [otc], generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 72; 7.

Decision rationale: No, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that ibuprofen, an anti-inflammatory medication, is indicated in the treatment of osteoarthritis, as was present here in the form of the applicant's bilateral knee degenerative joint disease, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was reported on the handwritten June 3, 2015 progress note. Said June 3, 2015 progress note contained no mention or discussion of medication efficacy. An earlier Agreed Medical Evaluation (AME) of May 27, 2015, however, suggested that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and negotiating stairs as of that point. Ongoing usage of ibuprofen, in short, failed to produce any evidence of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

Prilosec 20 mg Qty 90: Upheld

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

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

Decision rationale: Similarly, the request for Prilosec (omeprazole), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on a handwritten progress note of June 3, 2015 or on Medical-legal Evaluation dated May 27, 2015. Therefore, the request was not medically necessary.

Menthoderm Cream 240 grams, Qty 1 tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Salicylate topicals; Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

Decision rationale: Finally, the request for topical Mentoderm, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentoderm are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, it did not appear that ongoing usage of Mentoderm had proven particularly effective. No seeming discussion of medication efficacy was transpired on the handwritten June 3, 2015 progress note. The applicant was placed off of work, on total temporary disability on that date. A Medical-legal Evaluation dated May 27, 2015 suggested that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and negotiating stairs as of that point in time. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Mentoderm. Therefore, the request was not medically necessary.