

Case Number:	CM15-0163461		
Date Assigned:	09/08/2015	Date of Injury:	11/23/2012
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old female who sustained an injury on 11-23-12 resulting when she tripped and fell in the foyer; landing on her left knee, right wrist and right forearm. She had left knee and right arm tingling and numbness pain; stomach upset due to fall and upper neck and back stiffness. Diagnostic tests included X-rays; MRI performed on 1-21-13 right wrist, cervical spine on 2-7-15. Treatment included hot, cold compresses, physical therapy, chiropractic and medication. The examination from 3-8-15 reports she is taking over the counter analgesics, Norco 5-325 mg and Ibuprofen 800 mg as needed for pain. Diagnoses are chronic right shoulder pain; partial thickness rotator cuff tear with impingement. On 6-16-15 the Physiatry Pain Management examination documents the IW is complaining of pain in the neck radiating to the right upper extremity, right shoulder and wrist. It is rated 6 and 7 out of 10 without medication and with medication 4 and 5. Medications include Relafen, Prilosec and Lido hydrochloride lotion. The physical examination right shoulder has tenderness anteriorly and posteriorly; range of motion is painful but within normal limits; right upper extremity diffuse tenderness. The recommendation was continue present medication, Norco 5-325 mg; continue with Neurontin, Relafen, Prilosec and topical lotion; and continue with home exercise program. Current progress reports are not included in the medical records. Current requested treatments retrospective Nabumetone 750 mg #60 times 2 refills; retrospective Omeprazole 20 mg #60 times 2 refills; Retrospective Lido hydrochloride 3% gel # 1 times 2 refills, date of service 7-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #60 times 2 refills (DOS 7/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories and GI symptoms Page(s): 68.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Retrospective Lidohydrochloride 3% gel #1 times 2 refills (DOS 7/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.