

Case Number:	CM15-0169086		
Date Assigned:	09/09/2015	Date of Injury:	05/04/2015
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old female, with a reported date of injury of 05-04-2015. The mechanism of injury was the result of cumulative trauma. The injured worker's symptoms at the time of the injury included back pain, neck pain, bilateral shoulder pain, bilateral arm pain, bilateral hand pain, finger pain, bilateral leg pain, bilateral heel pain, and bilateral feet pain. The diagnoses include cervical sprain and strain, lumbar sprain and strain, low back pain, lumbar spine myospasm, rule out bilateral wrist internal derangement, bilateral shoulder sprain and strain, bilateral upper extremity overuse syndrome, and bilateral hand sprain and strain. Treatments and evaluation to date have included oral medications, chiropractic treatment, and topical creams. The diagnostic studies to date included a urine drug screen on 06-04-2015 with negative findings. The progress report dated 07-28-2015 indicates that the injured worker continued to complain of frequent moderate pain of the bilateral wrist and elbows with weakness. The objective findings include pain over the bilateral lateral epicondyles; no pain over the bilateral medial epicondyles, bilateral antecubital fossa, and bilateral olecranon; no crepitus at the bilateral elbow; pain in the bilateral anatomic snuffbox; pain on the anatomic landmarks; pain on the ulnar and radial deviation of the wrist; pain on wrist extension and wrist flexion; positive bilateral Tinel sign; positive compression test over the medial nerve bilaterally with numbness of the thumb, index, and middle finger bilaterally; pain over the bilateral thenar eminence; mild bilateral thenar atrophy; pain on abductor pollicis brevis and weakness on maneuvering; weakness on abductor pollicis brevis; slight ulnar deviation of the index, middle, ring, and small finger at the MCPs. It was noted that the injured worker underwent

electrodiagnostic studies of the upper extremities with no acute findings. The request for authorization was dated 07-28-2015. The treating physician requested Prilosec 20mg #90 and Mentherm topical cream. On 07-29-2015, Utilization Review non-certified the request for Prilosec 20mg #90 due to the lack of documentation of the injured worker having gastritis, the risk of gastrointestinal (GI) events, or active upper GI disease and Mentherm topical cream due to no documentation of failure of first line medications including non-steroidal anti-inflammatory drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in May 2015 and is being treated for bilateral wrist and elbow pain. When seen, she was taking over the counter medications. There was no history of any medical illnesses. Physical examination findings included bilateral trapezius muscle tenderness and cervical muscle spasms. There was lumbar paraspinal muscle and quadratus lumborum and gluteal tenderness with spasms. There was decreased lumbar range of motion. Voltaren, Prilosec, Flexeril, and topical analgesic medications were prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) was not medically necessary.

Mentherm topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Topical Analgesics.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in May 2015 and is being treated for bilateral wrist and elbow pain. When seen, she was taking over the counter medications. There was no history of any medical illnesses. Physical examination findings included bilateral trapezius muscle tenderness and cervical muscle spasms. There was lumbar paraspinal muscle and quadratus lumborum and gluteal tenderness with spasms. There was decreased lumbar range of motion. Voltaren, Prilosec, Flexeril, and topical

analgesic medications were prescribed. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, when prescribed, the claimant was only taking over the counter medications and Voltaren and Flexeril were also prescribed and guidelines recommend that when prescribing medications only one medication should be given at a time. Prescribing Methoderm was not medically necessary.