

Case Number:	CM15-0169471		
Date Assigned:	09/10/2015	Date of Injury:	12/01/2013
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

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 62-year-old female, who sustained an industrial injury on 12-1-13. She reported right arm pain, right shoulder pain, and neck pain. A lump in the right biceps area was also noted. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having cervical spine sprain or strain, cervical degenerative disc disease, rule out herniated cervical disc, lumbar spine sprain or strain, rule out herniated lumbar disc, left knee strain or sprain, left knee internal derangement, and left knee medial meniscus tear, right wrist and hand strain or sprain, right carpal tunnel syndrome, left shoulder sprain or strain, and left shoulder impingement syndrome. Treatment to date has included right carpal tunnel release on 8-8-14, injections, physical therapy, acupuncture, chiropractic treatment, and medication. The injured worker had been taking Prilosec, Naproxen, and Methoderm gel since at least October 2014. Currently, the injured worker complains of pain in the neck, low back, left knee, left wrist, and left shoulder. The treating physician requested authorization for Naproxen 550mg #60 with 3 refills, Prilosec 20mg #60 with 3 refills, and Methoderm gel with 3 refills. On 8-3-15 the requests were modified. Regarding Naproxen, the utilization review physician noted "there is no documentation of the claimant's response with this medication including objective evidence of efficacy from prior use." The request was modified to exclude any refills. Regarding Prilosec, the utilization review physician noted an "additional supply will require evidence of objective functional improvement." The request was modified to exclude any refills. Regarding Methoderm gel, the utilization review physician noted "there is no documentation of the claimant's response with this medication including objective evidence of efficacy from prior use." The request was modified to certify a quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 3 refills: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for an unknown length of time. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks.. Continued use of Naproxen is not medically necessary.

Prilosec 20mg #60 with 3 refills: 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: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs (Naproxen) as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Menthoderm gel with 3 refills: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Mentoderm beyond 1 month exceeds the trial period recommended above. The claimant was already on oral NSAIDs and topical NSAIDs can reach similar systemic levels. In addition, there is no documentation of failure of 1st line treatment. Therefore, the continued use of Mentoderm is not medically necessary.