

Case Number:	CM15-0180899		
Date Assigned:	09/22/2015	Date of Injury:	08/05/2011
Decision Date:	10/27/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/14/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 35 year old female with an industrial injury dated 08-05-2011. Medical record review indicates she is being treated for right shoulder derangement and cervicgia. In the progress record dated 07-09-2015 the injured worker presented with neck, upper back and right shoulder with radiation to the right arm. She also noted tingling and numbness in the right arm and right hand. The severity of pain is documented as 7, 4 at its best and 10 at its worst. Average pain level for the previous seven days is documented at 6. The injured worker was complaining of worsening symptoms since the injury. Functional limitations during the prior month are documented as "the patient avoids going to work, physically exercising and performing household chores because of her pain." Objective findings of the physical exam done on 07-09-2015 noted tenderness to palpation over the right cervical paraspinal muscles and superior trapezius. Tenderness was documented over the anterior aspect of the shoulder. The treatment plan included physical therapy, Diclofenac XR, Docuprene and Methyl Salicylate analgesic gel. Medical records do not indicate prior medications. "The patient is given restrictions of no lifting or carrying over 15 pounds." Medical records do not indicate prior treatment. The request for authorization dated 08-07-2015 included Methyl Salicylate 15% and Docuprene 100 mg Qty 60. On 08-17-2015 the request for Methyl Salicylate 15% and Docuprene 100 mg Qty 60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl Salicylate 15%: 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: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Methyl Salicylate 15% in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, the request is not medically necessary.

Docuprene 100 mg Qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: docusate drug information.

Decision rationale: Docusate is a stool softener. In this injured worker, there is no diagnosis of constipation. The history and physical exam do not document any issue with constipation to justify medical necessity for the docusate or docuprene. Therefore, the request is not medically necessary.