

Case Number:	CM15-0183760		
Date Assigned:	09/24/2015	Date of Injury:	04/18/2012
Decision Date:	12/01/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 48 year old female, who sustained an industrial injury on 4-18-2012. The medical records indicate that the injured worker is undergoing treatment for bilateral shoulder impingement, bilateral lateral epicondylitis, bilateral forearm tendinitis and status post bilateral carpal tunnel release with ulnar nerve decompression and lower extremities CRPS. According to the progress report dated 8-21-2015, the injured worker presented with complaints of pain in her shoulders with radiation into her arms. There was 50% reduction in level of pain and functional restoration with utilization of medications and home exercise program. The physical examination reveals slight trapezial, paracervical, and parascapular tenderness. There is slight stiffness in the shoulders and pain with range of motion. The impingement sign is positive bilaterally. There is mild swelling in the wrists and hands with tenderness noted over the ulnar side of the left wrist. Treatments to date include medication management, physical therapy and surgical intervention. The IW was implanted with an intrathecal pump for pain medication management. The other medications listed are Lyrica and Oxycodone. Work status is described as permanent and stationary. The original utilization review (9-2-2015) partially approved a request for Tramadol #15 (original request was for #30). The request for Voltaren, Prilosec, and Menthoderm gel was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60: Overturned

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, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic utilization of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines noted that the use of NSAIDs be limited to the lowest possible dose for the shortest duration to decrease the risk of NSAIDs complications. The records indicate that the patient is utilizing Voltaren for the treatment of exacerbation of skeletal pain. There is documentation of efficacy and functional restoration. The criterion for the use of Voltaren 100mg #60 was medically necessary.

Prilosec 20mg #60: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs associated gastritis in the elderly and patients with a history of gastrointestinal disease. The records indicate that the patient has a history of symptomatic gastrointestinal reflux disease. The patient is utilization NSAIDs for the treatment of chronic musculoskeletal pain. The criteria for the use of Prilosec 20mg #60 was medically necessary.

Tramadol ER 150mg #30: 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, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for

addiction, Opioids, specific drug list, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The records indicate that the patient is utilizing multiple opioid medications in both oral and intrathecal formulations. The utilization of multiple opioids can be associated with the development of opioid induced hyperalgesia and increased risk of other opioid complications. The criteria for the use of Tramadol ER 150mg #30 was not medically necessary.

Menthoderm gel 120g: 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, Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic can be utilized for the treatment of localized neuropathic pain when standard first line anticonvulsant and antidepressant medications have failed. The records did not show that the patients have failed treatment with orally administered first line neuropathic pain medications. The guidelines recommend that topical products be utilized individually for evaluation of efficacy. The Mentoderm product contains methyl salicylate 15% and menthol 10%. There is lack of guidelines support for the utilization of topical methyl salicylate and menthol for the treatment of chronic musculoskeletal pain. The criteria for the use of Mentoderm gel 120g was not medically necessary.