

Case Number:	CM15-0186650		
Date Assigned:	09/28/2015	Date of Injury:	12/02/2010
Decision Date:	12/15/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/22/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, with a reported date of injury of 12-02-2010. The injured worker's date of birth was illegible in the medical records. The diagnoses include myofascial pain syndrome, repetitive strain injury, and rotator cuff syndrome. Treatments and evaluation to date have included home exercise program, Naproxen (since at least 09-2015), Omeprazole (since at least 09-2015), Flexeril (since at least 09-2015), Methoderm (since at least 09-2015), and a urine drug screen. The diagnostic studies to date have not been included in the medical records. The progress report dated 09-15-2015 is handwritten, and indicates that the injured worker reported headaches, and wanted to have a neurology consultation. She noted pain and spasm of the left shoulder. The injured worker is currently not working. The physical examination showed left shoulder impingement; decreased sensation in the left hand; normal strength and reflexes of the bilateral upper extremities; and a positive scan of the head. The injured worker's pain rating was not indicated. The treatment plan included the refilling of medications. The request for authorization was dated 09-15-2015. The treating physician requested Naproxen Sodium 550mg #100 with one refill; Omeprazole 20mg #100 with one refill; Flexeril 7.5mg #100 with one refill; Methoderm gel 120 grams #2 with one refill; and a urine drug screen. On 09-22-2015, Utilization Review (UR) non-certified the request for Methoderm gel 120 grams #2 with one refill and a urine drug screen; and modified the request for Naproxen Sodium 550mg #100 with one refill to Naproxen Sodium 550mg #80 with no refills; Omeprazole 20mg #100 with one refill to Omeprazole 20mg #60 with no refills; and Flexeril 7.5mg #100 with one refill to Flexeril 7.5mg #20 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg Qty 100 with 1 refill: 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: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Naproxen Sodium 550mg Qty 100 with 1 refill is not medically necessary.

Omeprazole 20mg Qty 100 with 1 refill: 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 Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg Qty 100 with 1 refill is not medically necessary.

Flexeril 7.5mg Qty 100 with 1 refill: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle

relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Flexeril 7.5mg Qty 100 with 1 refill is not medically necessary.

Menthoderm Gel 120gm Qty 2 with 1 refill: 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: Menthoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthoderm Gel. Menthoderm Gel 120gm Qty 2 with 1 refill is not medically necessary.

Urine drug screen Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen Qty 1 is not medically necessary.