

Case Number:	CM15-0211913		
Date Assigned:	10/30/2015	Date of Injury:	05/05/2005
Decision Date:	12/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, 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 applicant is represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 5, 2005. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve requests for Ultracet, Prilosec, and a topical compounded agent. The claims administrator referenced an RFA form received on September 21, 2015 in its determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of neck pain, reportedly worsening over time. Ancillary complaints of upper extremity paresthesias, headaches, and shoulder pain were reported. Permanent work restrictions were renewed. Diclofenac and Ultracet were endorsed. The attending provider contended that the applicant's medications were beneficial but did not seemingly elaborate further. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia at this point. On September 21, 2015 RFA form, Ultracet, Prilosec, and the topical compounded agent in question were endorsed. On an associated September 11, 2015 office visit, the applicant reported ongoing issues with neck and shoulder pain, 3/10. The applicant was using Prilosec and tramadol. The treating provider stated that these medications were helpful but did not elaborate further. Prilosec, Ultracet, and the topical compounded agent in question were endorsed while the applicant's permanent work restrictions were renewed. Once again, it was not clearly stated whether the applicant was or not working at this point. There was no explicit mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia in neither the body of the note or in the review of systems section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet (Tramadol/APAP) 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Ultracet, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on the September 11, 2015 office visit at issue, although it did not appear that the applicant was working with permanent limitations in place. While the treating provider stated that the applicant's medications were beneficial, the treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Ultracet usage on the date in question. Therefore, the request was not medically necessary.

Prilosec 20mg #120: Upheld

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

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

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no explicit mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the September 11, 2015 office visit at issue. Therefore, the request was not medically necessary.

Flurbiprofen 10% Gabapentin 10% Capsaicin 0.025% Camphor 2% Menthol 2% topical cream 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: Similarly, the request for a flurbiprofen-gabapentin-capsaicin topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.