

Case Number:	CM15-0215419		
Date Assigned:	11/05/2015	Date of Injury:	05/04/2013
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/02/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 48 year old female who sustained an industrial injury on May 04, 2013. The worker is being treated for: status post left small PIP and DIP joint sprains with posttraumatic stiffness, and left shoulder hand syndrome, CRPS; history of GERD. Subjective: January 13, 2015 she reported complaint of pain and stiffness in her left shoulder and hand. Objective: January 13, 2015 noted moderate stiffness in left shoulder with pain on ROM, moderate stiffness in left ring finger and small fingers with mild swelling and skin atrophy of small finger. June 17, 2015 noted the patient instructed to take Naproxen prior to therapy session. July 09, 2015 noted no GI complaint or pain. Medication: September 11, 2014: dispensed, Voltaren, and Prilosec. January 13, 2015, February 24, 2015: Naproxen, Prilosec, and Methoderm gel. Also February 24, 2015 dispensed Voltaren, Prilosec, and Methoderm gel. March 03, 2015: Tylenol, Naproxen, Omeprazole. April 07, 2015: dispensed, Naproxen, Prilosec, and Methoderm gel. May 26, 2015: dispensed Naproxen, Prilosec, and Methoderm gel. July 07, 2015: dispensed, Naproxen, Prilosec, and Methoderm gel. July 09, 2015: noted Tramadol effective without side effect. Treatment: January 13, 2015 ongoing pain management with recommendation for repeat ganglion injection. May 22, 2015 noted administration of sympathetic ganglion block, physical therapy session. On October 28, 2015, a retrospective (DOS January 13, 2015) request was made for Methoderm ointment 120 GM that was noncertified, Omeprazole 20mg #60, and Voltaren 100mg #60 that were both modified by Utilization Review on October 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 1/13/15): Menthoderm Ointment 120g QTY 1: 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: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical menthoderm ointment 120 g is not medically appropriate and necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, it is unclear if there has been a trial with an H2 blocker, which would have a safer side effect profile. Also the efficacy of Voltaren has not been established and if it is discontinued, omeprazole would not be recommended. The request for omeprazole 20 mg #60 is not medically appropriate and necessary.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per the CA MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAID) are recommended as a second-line treatment after Acetaminophen. In general, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The medical records do not reveal significant subjective pain improvement or objective measures of functional improvement as a result of Voltaren. Thus, the request for Voltaren 100 mg #60 is not medically necessary and appropriate.