

Case Number:	CM15-0030652		
Date Assigned:	02/24/2015	Date of Injury:	11/22/2014
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 45 year old female housekeeper, who sustained a cumulative industrial injury from January 1, 2014 through November 22, 2014. She reported pain in the neck, upper back, low back, bilateral shoulders, wrists, hands and fingers. The injured worker was diagnosed as having cervical spinal strain, thoracic spinal strain, lumbar spinal strain, overuse injury of bilateral upper extremities, bilateral shoulder bursitis and impingement and bilateral wrist tendinitis. Treatment to date has included over-the-counter medications (Tylenol) and physical therapy. At her December 3, 2014 evaluation the injured worker complained of left shoulder pain radiating to the hips, hand pain, arm pain, neck pain, bilateral shoulder pain, bilateral wrist pain and mid and low back pain. Exam showed cervical, thoracic and lumbar paraspinal tenderness and decreased range of motion for the lumbar spine, the shoulders showed signs of impingement and the wrists were tender bilaterally. Moist heat, topical pain medications, oral medications and physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylates Topicals Page(s): 105, 111-13.

Decision rationale: Methoderm is a topically used, compounded product made up of two substances, menthol and methyl salicylate. It works by temporarily relieving minor aches and pain of muscles and joints (e.g., from arthritis, backache, sprains). Methyl salicylate is a non-steroidal anti-inflammatory medication (NSAID). Menthol is a topical analgesic medication with local anesthetic and counterirritant qualities. It is important to note the MTUS states, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS recommends use of methyl salicylate for some inflammatory conditions that cause chronic pain but does not recommend it used for radicular pain. It does not comment on the topical use of menthol. This patient has non-radicular musculoskeletal pain and a trial of this medication is a viable option. There are no contraindications for use of Methoderm. Medical necessity for use of this preparation has been established. Therefore the request is not medically necessary.

Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory medications) Page(s): 67-73.

Decision rationale: Naprosyn (naproxen) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has used over-the-counter medications but continues to experience musculoskeletal symptoms from overuse injuries. A short-term trial of this medication is not contraindicated and this use would be consistent with MTUS guidance. Medical necessity for short-term use of this medication has been established. Therefore the request is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids or anticoagulants. Since this patient has no risk factors for a GI event the MTUS does not recommend prophylaxis with a proton pump inhibitor. Medical necessity for use of this medication has not been established. Therefore the request is not medically necessary.