MAXIMUS Federal Services

Case Number:	CM15-0031228		
Date Assigned:	02/24/2015	Date of Injury:	10/10/2013
Decision Date:	04/14/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/19/2015

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 a represented [redacted] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 10, 2013. In a Utilization Review Report dated January 24, 2015, the claims administrator failed to approve a request for Motrin, Menthoderm, and Prilosec. The claims administrator referenced a December 10, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On November 12, 2014, the applicant reported persistent complaints of shoulder and wrist pain, 7/10. The applicant had apparently received recent shoulder corticosteroid injection. Permanent work restrictions were apparently endorsed, seemingly resulting in the applicant's removal from the workplace. Motrin and Menthoderm were refilled. The applicant was asked to continue Prilosec. There was, however, no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. In an applicant questionnaire dated October 16, 2014, the applicant acknowledged that she was not working owing to inability to perform lifting tasks. In an October 15, 2014 medical-legal evaluation, the applicant was given a 10-pound lifting limitation. It was suggested that the applicant was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg, quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain complaints reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability. A rather proscriptive 10-pound lifting limitation remained in place. The applicant continued to report pain complaints of 5-7/10. The applicant continued to report difficulty performing activities as basic as lifting, carrying, gripping, and grasping. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

Menthoderm, dosage and quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Similarly, the request for topical Menthoderm, a salicylate topical, was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Menthodern are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant was/is off of work, on total temporary disability, despite ongoing Menthoderm usage. The applicant continued to report pain complaints as high as 7/10, despite ongoing Menthoderm usage, per a progress note dated November 12, 2014. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Menthoderm usage (if any). Therefore, the request was not medically necessary.

Prilosec, dosage and quantity unspecified: 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): 69.

Decision rationale: Finally, the request for Prilosec (omeprozole), 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, in this case, however, the progress note on file contained no references that the applicant was experiencing any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.