MAXIMUS Federal Services

Case Number:	CM15-0032414		
Date Assigned:	02/25/2015	Date of Injury:	02/16/2014
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 30 year old male, who sustained an industrial injury on February 16, 2014. The diagnoses have included unspecified musculoskeletal disorders and symptoms referable to neck, chest pain unspecified, brachial neuritis or radiculitis Nos, pain in the thoracic spine, unspecified disorders of bursae and tendons in the shoulder region. Treatment to date is not documented. Currently, the injured worker complains of shoulder/arm pain. In a progress note dated January 30, 2015, the treating provider reports examination of the upper extremities revealed range of motion of the right shoulder abnormal and range of motion of the thoracic spine abnormal with tenderness over paraspinal area bilaterally to palpation. On February 11, 2015 Utilization Review non-certified a Prilosec 20mg quantity 60 with 2 refills, Orphenadrine citrate ER 100mg quantity 60 with 2 refills, and Menthoderm 15%-10% topical ointment 240gm with 2 refills, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 60 with 2 refills: 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 Proton Pump Inhibitors Page(s): 68,69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Orphenadrine citrate ER 100mg quantity 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

Decision rationale: Orphenadrine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Orphenadrine is not medically necessary.

Menthoderm 15% - 10% topical ointment 240gm with 2 refills: Upheld

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

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

Decision rationale: Menthoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. MTUS treatment guidelines support methyl salicylate over placebo in chronic pain; however there is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Menthoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. As such, this request is not considered medically necessary.