

Case Number:	CM15-0082535		
Date Assigned:	05/04/2015	Date of Injury:	11/21/2012
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female who sustained an industrial injury on 11/21/2012. Current diagnosis includes status post left long trigger finger release. Previous treatments included medication management, and surgery. Report dated 05/06/2014 noted that the injured worker presented 1 week status post left long trigger finger release with flexor tenosynovitis. Pain level was not included. Physical examination was positive for mild swelling and stiffness. The treatment plan included instructions for range of motion exercises and scar massage, recommendation for occupational therapy, continue non-steroidal anti-inflammatory medication for chronic pain and inflammation, and follow up in six weeks. Disputed treatments include retrospective requests for menthoderm ointment, Naproxen, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Menthoderm Ointment 120gram (12/18/2014): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Mentherm ointment #120 g date of service December 18, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnosis was status post left long trigger finger release according to a May 6, 2014 progress. There was no contemporaneous progress note in the medical record on or about the date of request April 17, 2015. There was no clinical indication or rationale and the medical record for Mentherm ointment. There was no progress note in the medical record dated December 18, 2014. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for Mentherm ointment, retrospective Mentherm ointment #120 g date of service December 18, 2014 is not medically necessary.

Retrospective: Naproxen 550mg, #60 (12/18/2014): 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 Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Naproxen 550 mg #60 date of service December 18, 2014 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis was status post left long trigger finger release according to a May 6, 2014 progress. There was no contemporaneous progress note in the medical record on or about the date of request April 17, 2015. There was no clinical indication or rationale and the medical record for Naproxen. There was no progress note in the medical record dated December 18, 2014. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for Naproxen, retrospective Naproxen 550mg #60 date of service December 18, 2014 is not medically necessary.

Retrospective: Omeprazole 20mg, #60 (12/18/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Omeprazole 20 mg #60 date of service December 18, 2014 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnosis was status post left long trigger finger release according to a May 6, 2014 progress. There was no contemporaneous progress note in the medical record on or about the date of request April 17, 2015. There was no clinical indication or rationale and the medical record for Omeprazole. There was no progress note in the medical record dated December 18, 2014. There is no documentation indication a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale for Omeprazole, retrospective Omeprazole 20mg #60 date of service December 18, 2014 is not medically necessary.