

Case Number:	CM15-0087529		
Date Assigned:	05/11/2015	Date of Injury:	02/06/2014
Decision Date:	06/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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 53 year old female patient who sustained an industrial injury on 02/06/2014. Of note the worker does have a prior repetitive stress injury from 05/11/2009 involving the neck, right upper extremity that fully recovered and she worked regular duty full time work. She progressed with increased symptoms in 2013 and finally in 02/2014 she filed another claim stating her symptoms worsened due to poor ergonomic work place and or change in workstation. Treatment modalities attempted include: physical therapy, a primary treating follow up visit dated 03/10/2015 reported the patient continues with pain in the right shoulder right hand, and cervical spine pain. She is using the topical creams, and medication regimen along with working a modified job duty. Current medications are: omeprazole, Neurontin 600mg, Voltaren XR, Naproxen, and Methoderm cream. Back on 12/18/2014 the patient had subjective complaint of right hand, right shoulder and cervical spine pains. She is working modified duty. Current medications are: Naprosyn, Neurontin, Omeprazole, and Methoderm cream. Attempted treatments include: oral pain analgesia, topical analgesia, modified work duty, physical therapy, and trigger point injections. In addition, she underwent an orthopedic consultation with recommendation for surgical intervention of which she declined and continued with conservative treatment. She became depressed and sought psychological evaluation and treatment. The patient was deemed permanent and stationary as of 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream x 2: 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 rationale: The MTUS Guidelines are very specific in stating that only FDA/Guideline supported topical agents are recommended and any compound containing unsupported agents is not recommended. The Guidelines clearly state that the only form of topical Lidocaine that is recommended is Lidoderm patches 5%. The Guidelines provide supporting rationale for this and there are no unusual circumstances to justify an exception to the Guidelines. The LidoPro Cream X's 2 is not supported by Guidelines and is not medically necessary.

Omeprazole 20mg once a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS Guidelines support the use of proton pump inhibitors if there are risk factors or symptoms associated with NSAID use. The prescribing physician has documented that this individual has GERD syndrome that predates the use of NSAIDs, but prophylactic treatment for this is reasonable medical care and supported by Guidelines. The Omeprazole 20mg. once a day is medically necessary.

Voltaren XR 100mg once a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: MTUS Guidelines give support to the judicious use of NSAID medications for conditions that include chronic inflammation. Several of this individuals diagnosis qualifies for this. The Guidelines recommend limiting the amount and duration of use whenever possible, but they do not preclude use if they are beneficial. Documentation in the form of an appeal states that the NSAID is providing pain relief and is assisting her remaining at work even though it is in a modified capacity. Under these circumstances, the Voltaren XR 100mg once per day is supported by Guidelines and is medically necessary.

Physical therapy 2 x 4 (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: MTUS Guidelines support limited physical therapy for most chronic conditions. The Guidelines recommend up to 8-10 sessions as being adequate with the goal of longer term self guided rehabilitation. The Guidelines do not support reoccurring therapy as a general rule. It is documented that this individual completed a course of physical therapy in late '14 and was instructed in self protective behaviors and home exercise. Guidelines do not support a repeat full course of physical therapy. A few sessions may be reasonable to repeat instructions, but the request for 8 sessions of physical therapy is not supported by Guidelines and is not medically necessary.