

Case Number:	CM14-0119087		
Date Assigned:	08/06/2014	Date of Injury:	10/11/2013
Decision Date:	09/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year old female with a reported date of injury on 10/11/2013. The mechanism of injury was a pulling injury. The injured worker's diagnoses included sprain/strain of left shoulder, left shoulder joint pain, muscle spasm of the cervical spine, cervical musculoligamentous injury, bilateral shoulder impingement syndrome, and sprain/strain of the left elbow and wrist, left lateral epicondylitis, and cervical radiculitis. The injured worker's past medical treatments included medications, durable medical equipment, acupuncture, and physical therapy. No pertinent diagnostic studies were provided. No relevant surgical history was provided. On 05/22/2014, the injured worker complained of cervical spine, left elbow, and left wrist pain rated at 5/10. The clinician prescribed Naproxen, menthoderm, omeprazole, physical therapy, home exercise program, and Viox and planned to see the injured worker back in one month. On 07/17/2014 the injured worker complained of neck, right shoulder, left shoulder, left elbow, and left wrist pain. The clinician observed and reported decreased and painful cervical range of motion, tenderness to palpation with muscle spasm of the cervical paravertebral muscles and bilateral trapezii, and pain with shoulder depression and cervical compression. The left shoulder ranges of motion were decreased and painful and supraspinatus press caused pain. The right shoulder was the same as left with the addition of tenderness to palpation of the posterior and lateral shoulder. The left elbow ranges of motion were decreased and painful and there was tenderness to palpation of the posterior and lateral elbow. The left wrist ranges of motion were decreased and painful tenderness to palpation of the dorsal and volar aspects of the wrist. No plan of care was provided. The injured worker's medications included acetaminophen extra strength 500 mg 1 every 6 hours as needed, Polar Frost 150ml/5oz Gel Tube apply three times per day as needed, Nabumetone 750 mg twice per day with food, Naproxen, Menthoderm, and omeprazole. The requests were for Menthoderm unspecified quantity and omeprazole,

unspecified quantity. No rationale for the requests were provided. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 112, 105.

Decision rationale: The request for Mentoderm unspecified quantity is not medically necessary. The active ingredients in mentoderm are methyl salicylate and menthol. The California MTUS Chronic Pain Medical Treatment Guidelines do recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. There is no documentation indicating a trial and failure of antidepressants and anticonvulsants. Additionally, the submitted request does not have a strength, site of application, frequency of use, or amount to be dispensed. Therefore, the request for Mentoderm unspecified quantity is not medically necessary.

Omeprazole. Unspecified Quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Omeprazole. Unspecified Quantity is not medically necessary. The documentation provided indicated that the injured worker denied gastrointestinal (GI) symptoms and any history of GI complaints such as peptic ulcer disease or gastroesophageal reflux disease. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that the injured worker must be at intermediate risk for gastrointestinal events and on NSAIDs before a proton pump inhibitor is recommended. The injured worker was less than 65 years of age, and denied history of peptic ulcer disease, gastrointestinal bleeding, or perforation. The injured worker was not prescribed aspirin, corticosteroids, or an anticoagulant and was not on high dose or multiple NSAIDs. As such, she was not considered to be at intermediate risk for gastrointestinal events. Additionally, the request does not have a strength, dosage, frequency, or amount to be dispensed. Therefore, the request for Omeprazole. Unspecified Quantity is not medically necessary.

