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| Case Number: | CM14-0140633 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 11/21/2003 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Emergency Medicine and is licensed to practice in Texas. 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 65-year-old female who reported an injury on 11/21/2003 caused by an unspecified mechanism. The injured worker's treatment history included medications. Evaluation on 08/02/2014, documented the injured worker complained of constant right wrist and elbow pain, with intermittent neck pain with headache. The pain was graded as a level 7/10. Reportedly, the medications relieved the pain by 60% with no side effects of medications reported. Physical examination revealed there was cervical myofascial tenderness to palpation. Diagnoses included cervical and shoulder sprain/strain, pain lower and/or upper extremity, and numbness and tingling. Medications included Methoderm 120 gm, Tramadol/APAP 37.5/325 mg, and Omeprazole 20 mg. The provider failed to indicate the injured worker having gastrointestinal symptoms. The Request for Authorization dated 08/02/2014 was for cervical pillow, Methoderm gel, Tramadol/APAP, and Omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Neck and upper back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Upper Neck and Back. Cervical Pillow.

Decision rationale: According the Official Disability Guidelines recommend a cervical pillow it while sleeping in conjunction with daily exercise. Patients with chronic neck pain should be trained in both exercise and the appropriate use of a neck support pillow during sleep. Either strategy alone does not give desired clinical benefit. The documents submitted failed to indicate the injured worker's home exercise regimen or prior physical therapy outcome measurements. Therefore, based on the lack of an exercise program and the lack of support from the Guidelines, the request for cervical pillow is not medically necessary..

Menthoderm 120gm 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): 111 105.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicates the injured worker had chronic pain. However, there is a lack of documentation the injured worker had trialed and failed antidepressants and anticonvulsants. Furthermore, the request failed to indicate where the topical analgesic would be used on the injured worker. As such, the request for Menthoderm 120 gm with 2 refills is not medically necessary.

Tramadol/APAP 37.5/325mg#60 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. There was lack of evidence of outcome measurements of conservative care such as, pain medication management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate

Opioids compliance for the injured worker. The request submitted failed to include frequency and duration of medication. Given the above, the request for Tramadol/APAP 37.5/325 mg #60 with 2 refills is not medically necessary.

Omeprazole 20mg #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): 668-69.

Decision rationale: Prilosec/Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker was having gastrointestinal events; however, the provider failed to indicate the frequency of medication on the request that was submitted. Given the above, the request for Omeprazole 20 mg #60 with 2 refills is not medically necessary.