

Case Number:	CM14-0144404		
Date Assigned:	09/12/2014	Date of Injury:	09/19/2011
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39 year old male with an injury date of 09/19/11. The 07/31/14 report by ■■■■■ states that the patient presents with severe neck pain with muscle spasm. He also presents with severe right and left shoulder pain with moderate right wrist and right forearm pain and mild left wrist pain. The patient is currently not working. Examination reveals 25% decreased range of motion of the neck with tenderness and trigger point spasms at C3-4 and C7-T1. The patient's diagnoses include: 1. Status post C4 through C6 anterior cervical discectomy and fusion (date unknown) 2. Headaches 3. Bilateral carpal tunnel syndrome, clinically 4. Bilateral ulnar nerve, cubital tunnel syndrome. 5. Stress 6. Insomnia 7. Carpal tunnel, syndrome, positive on the right on nerve conduction study previously on 10/12/128. Carpal tunnel syndrome positive on 11/13/139. Status post carpal tunnel release of the right hand on 01/17/14. 10. Status post left carpal tunnel release 11. Right shoulder post traumatic arthritis of the acromioclavicular joint and partial rotator cuff tear 12. Left shoulder post traumatic arthritis of the acromioclavicular joint and partial rotator cuff tear 13. 3-mm herniated nucleus pulposus of C3-4 Current medications are listed as Norco, Prilosec, and Xanax along with Ketoprofen, Gabapentin and Tramadol topical creams. The utilization review being challenged is dated 08/06/14. Treatment reports from 02/06/14 to 07/31/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #90: 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, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with severe neck pain with muscle spasm in addition to severe bilateral shoulder pain with moderate right wrist and forearm pain and mild left wrist pain. The treater requests for Prilosec 20 mg #90. The reports provided do not state how long the patient has been taking this medication. The earliest report provided shows its use on 02/16/14. The MTUS Guidelines state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events.1. Age is more than 65 years.2.History of peptic ulcers, GI bleeding, or perforations.3. Concurrent use of ASA, corticosteroids, and/or anticoagulant.4.High-dose multiple NSAIDs. The treater notes that Prilosec is used for stomach protection. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, there is no documentation of multiple high dosage NSAIDs or of dyspepsia secondary to NSAID therapy. The request is not medically necessary.

Topical Compound Cream: Gabapentin/Ketoprofen/ Tramadol X1 (dosage and quantity not specified): 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.

Decision rationale: The patient presents with severe neck pain with muscle spasm in addition to severe bilateral shoulder pain with moderate right wrist and forearm pain and mild left wrist pain. The treater requests for Topical compound cream: Gabapentin/Ketoprofen/Tramadol X1. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the request is not medically necessary.