

Case Number:	CM14-0148406		
Date Assigned:	09/18/2014	Date of Injury:	04/01/2013
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/12/2014

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 Pain Management, 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 52-year-old right-hand dominant male who sustained work-related injuries on April 1, 2013. Per the most recent medical records dated July 16, 2014, the injured worker complained of frequent moderate dull achy neck pain with numbness and tingling sensation and weakness radiating to the shoulders with numbness and tingling associated with repetitive looking up and down, prolonged sitting, prolonged standing, and prolonged overhead reaching. He also complained of frequent moderate achy low back pain with numbness and tingling sensation radiating to the bilateral lower extremity associated with prolonged sitting, standing, walking, driving, climbing stairs, bending, kneeling, and repetitive twisting. He complained of right shoulder pain that was intermittent dull achy with numbness and tingling sensation radiating to the right wrist with numbness associated with prolonged or repetitive reaching, pushing, pulling repetitively, and prolonged or repetitive overhead reaching. With regard to his left shoulder, he complained of moderate dull achy pain with numbness and tingling radiating to the left wrist with numbness associated with sudden movement, lifting 10 pounds, prolonged or repetitive reaching and prolonged or repetitive overhead reaching. He also complained of bilateral wrist intermittent sharp pain with numbness and tingling sensation associated with prolonged or repetitive grabbing/grasping, prolonged or repetitive gripping, prolonged squeezing, and prolonged pushing or pulling repetitively. The cervical spine examination noted tenderness and spasm over the bilateral trapezii and cervical paravertebral muscles. The cervical compression was positive. The lumbar spine examination noted tenderness and spasm of the bilateral sacroiliac joint and lumbar paravertebral muscles. The bilateral shoulder examination noted tenderness and spasm of the anterior shoulder and posterior shoulder. The supraspinatus press was positive. The bilateral wrist examination noted tenderness over the dorsal and volar wrist. The Tinel's and Phalen's tests were positive. He is diagnosed (a)

cervical spine sprain and strain, (b) bilateral shoulder sprain and straight, and (c) bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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): 68-69.

Decision rationale: The records indicate that the injured worker is not on long-term intake of nonsteroidal anti-inflammatory drugs. The last intake of Mobic was in November 2013 per the medical records. In addition, there is also no indication of any gastrointestinal-related problems such as gastroesophageal reflux disease or history of gastrointestinal related events that would warrant a proton-pump inhibitor. He also does not meet or satisfy any of the criteria presented in the Chronic Pain Medical Treatment Guidelines regarding the usage of proton pump which could help determine if he is at risk for gastrointestinal related issues. Therefore, the request for omeprazole is not medically necessary.

Urine Toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (test).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: According to the Official Disability Guidelines, urine toxicology testing is primarily indicated if the injured worker is taking opioids in order to monitor compliance or adherence to oral medications. In this case, the injured worker is noted to be not taking opioids or any prescribed medications that needs monitoring through drug-screening. There is also no indication that he is planned to be placed in a chronic opioid intake for pain management. Therefore, the request for urine toxicology screening is not medically necessary.

210 grams Flurbiprofen 20%/Tramadol 20%/in Mediderm base: 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: Topical analgesics are considered to be largely experimental with very few randomized controlled trials to determine its efficacy and safety. It is indicated primarily for neuropathic pain where in first-line treatments including anti-depressants or anti-convulsants have been tried and failed. The Chronic Pain Medical Treatment Guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation that first-line treatments have been tried and failed. Furthermore, the compounded medication contains tramadol, an opioid, and there is no documentation or evidence-based guideline support regarding the usage of opioid medication in either topical or compounded form. Due to lack of evidence of first-line medications have been tried and failed as well as containing a drug component that is not recommended in topical/compounded form, the request for 210 grams flurbiprofen 20% and tramadol 20% in Mediderm base is not medically necessary.

210 grams Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base: 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: Topical analgesics are considered to be largely experimental with very few randomized controlled trials to determine its efficacy and safety. It is indicated primarily for neuropathic pain where in first-line treatments including anti-depressants or anti-convulsants have been tried and failed. The Chronic Pain Medical Treatment Guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compounded medication contains gabapentin and evidence-based guidelines explicitly indicate that that gabapentin is not recommended in topical form. Therefore, the request for 210 grams gabapentin 10%, dextromethorphan 10%/amitriptyline in Mediderm base is not medically necessary.