

Case Number:	CM14-0091193		
Date Assigned:	07/25/2014	Date of Injury:	07/23/2013
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational 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:

This 31 year old patient had a date of injury on 7/23/2013. The mechanism of injury was not noted. In a progress noted dated 6/2/2014, subjective findings included wrist hand pain being 4/10. The rest of the subjective notes were illegible. On a physical exam dated 6/2/2014, objective findings included blood pressure 117/69, shoulder pain. Diagnostic impression shows left shoulder subacromial impingement with persistent symptoms despite non-operative management. Treatment to date: medication therapy, behavioral modification, acupuncture. A UR decision dated 6/10/2014 denied the request for acupuncture #8, stating this patient had unspecified number of previous visits without documentation of benefit, Methoderm 360mg #1, stating no functional benefit from use of this medication. Cyclobenzaprine 7.5mg #90 was denied, stating no muscle spasm documented in the reports and only short term use is recommended. Omeprazole 20mg #30 was denied, stating there was no documentation of gastric distress with Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. In this case, the request on 6/2/2014 is for 8 visits, and previous acupuncture visits were mentioned to have taken place without documentation of functional benefit. Furthermore, the body part to receive the acupuncture was not specified. Therefore, the request for acupuncture 2x/week for 4 weeks is not medically necessary.

Methoderm 360 mg # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. It is recommended that the Methoderm topical be modified to allow for an over-the-counter formulation. Furthermore, in the reports viewed, there was no discussion regarding the possibility of utilizing an over the counter formulation such as BenGay and why this patient requires Methoderm. Therefore, the request for Methoderm 360mg #1 is not medically necessary.

Cyclobenzaprine 7.5 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants for pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In a progress report dated 6/2/2014, there was no documentation of

an acute exacerbation of pain or muscle spasm noted that would justify the use of this medication. Furthermore, guidelines support short term use, and this request is for 30 days. Therefore, the request for cyclobenzaprine 7.5mg #90 is not medically necessary.

Omeprazole 20 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG Pain chapter.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In the reports reviewed, the patient is noted to be on naproxen, an NSAID known to cause gastrointestinal events. The use of omeprazole is indicated for GI prophylaxis for patients on NSAIDs only for those at risk of a GI event or for patients with GI symptoms. However, this is not the case for this patient. Therefore, the request for omeprazole 20mg #30 is not medically necessary.