

Case Number:	CM15-0013034		
Date Assigned:	01/30/2015	Date of Injury:	11/10/2010
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 11/01/2010 due to an unspecified mechanism of injury. On 01/30/2015, she presented for a followup evaluation reporting increased pain in the neck with occasional headache. A physical examination was not performed. She had undergone manual therapy and therapeutic activities. She had received manual therapy and therapeutic activity/kinetics on the date of the visit. No information was provided regarding the date of service 12/18/2014 when the requested medications were prescribed. The treatment plan was for respective Voltaren, menthoderm, and Prilosec, date of service 12/18/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 60 Voltaren 100mg Dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker had tried and failed recommended oral medications to support the request for a topical analgesic. Also, there is a lack of documentation regarding her response to the medication in terms of quantitative decrease in pain and an objective improvement in function. Without this information, the request would not be supported. As such, the request is not medically necessary.

Retrospective (1) Prescription of Mentherm Gell 120g dispensed 12/18/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Topical compounds

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker had tried and failed recommended oral medications to support the request for a topical analgesic. Also, there is a lack of documentation regarding her response to the medication in terms of quantitative decrease in pain and an objective improvement in function. Without this information, the request would not be supported. As such, the request is not medically necessary.

Retrospective Prilosec 20mg dispensed 12/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for dyspepsia secondary to NSAID therapy and for those at risk for gastrointestinal events due to NSAID therapy. The documentation provided does not indicate that the injured worker was on NSAID therapy at the time of the prescription, and there is a lack of evidence showing that she had dyspepsia secondary to NSAID therapy or that she was at high risk for gastrointestinal events due to NSAID therapy. Therefore, the request is not supported. As such, the request is not medically necessary.