

Case Number:	CM15-0112836		
Date Assigned:	06/19/2015	Date of Injury:	05/01/2009
Decision Date:	08/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 male who sustained an industrial injury on 5/1/09. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having right shoulder rotator cuff tear, cervical spine strain/sprain, and lumbar spine strain/sprain and right wrist carpal tunnel syndrome. Currently, the injured worker was with complaints of right shoulder pain. Previous treatments included medication management. The injured workers pain level was noted as 7/10. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for headaches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition, web, head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure.

Decision rationale: According to the ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the patient is being referred to a pain specialist for evaluations of headaches for possible injections. The documentation doesn't support that the patient is taking medications that require close monitoring or that the patients symptoms have not been controlled by the primary treating physician and the current medical management. The medical necessity of a referral to a pain specialist is not supported by the documentation submitted. The request is not medically necessary.

Prilosec 20mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole (Prilosec) is not medically necessary.

Tramadol 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. In this case the documentation doesn't support that the patient has had meaningful improvement of pain or function while taking this medication. The request is not medically necessary.

Flurbiprofen cream, (FMCC) with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line medications. The request is not medically necessary.