MAXIMUS Federal Services

Case Number:	CM15-0114964		
Date Assigned:	06/23/2015	Date of Injury:	01/28/2014
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
Certification(s)/Specialty: Emergency 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 54 year old, female who sustained a work related injury on 1/28/14. The diagnoses have included cervical sprain with right radicular pain, lumbar spine sprain with right radicular pain, lumbar multilevel disc bulges, right shoulder strain/sprain with impingement syndrome, rotator cuff tendinitis versus tear, lateral epicondylitis right elbow and right wrist strain/sprain. Treatments have included use of an interferential unit, 16 sessions of acupuncture, 23 sessions of physical therapy, 7 sessions of chiropractic therapy, oral medications and medicated pain cream. In the PR-2 dated 3/27/15, the injured worker complains of neck, right shoulder, right elbow, right wrist, right hand / finger and low back pain. The low back pain radiates to the right leg. She has tenderness over the paracervical muscles and spinous processes. Upper limb tension test is positive for radicular pain. There is diffuse tenderness over right shoulder joint. Hawkin's test is positive. Compression test is positive. She has tenderness over the lateral humeral epicondyle. She has active full range of motion in the elbow. She has tenderness over the right radiocarpal joint. She has active full range of motion in wrist. She has tenderness over the right paralumbar muscles. Seated straight leg raise is positive on the right for low back pain. The treatment plan includes requests for capsaicin cream, Motrin, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trixaicin HP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical analgesics Page(s): 111-112; 28-29.

Decision rationale: Trixaicin HP is a topical analgesia cream containing 0.025% capsaicin. Ca MTUS guidelines state capsaicin "is recommended only an option in patients who have not responded or are intolerant to other treatments." The submitted documentation does not support the injured worker had tried and failed other treatments prior to Trixaicin. Additionally, progress reports do not include response to application of the cream. The request does not include the intended location of application other than "affected body parts," nor does it include frequency. The request is not specific and not in accordance with CA MTUS guidelines. Therefore, this request is not medically necessary.

Retrospective Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG - NSAIDS, GI Symptoms & Cardiovascular Risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Gastrointestinal Symptoms and Cardiovascular Risks Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor. According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include "age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use." The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Without supporting documentation, Omeprazole is not medically necessary based on the MTUS.