

Case Number:	CM15-0115165		
Date Assigned:	06/23/2015	Date of Injury:	12/20/2008
Decision Date:	07/23/2015	UR Denial Date:	05/18/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old woman sustained an industrial injury on 12/20/2008. The mechanism of injury is not detailed. Diagnoses include cervical sprain sprain/strain, degenerative disc disease, facet arthropathy, cervical canal stenosis with bilateral radiculopathy, bilateral shoulder pain, acromioclavicular arthropathy, bilateral elbow ulnar neuropathy, bilateral golfer's elbow, bilateral carpal tunnel syndrome status post-surgical repair, and left wrist cyst. Treatment has included oral medications and bilateral shoulder cortisone injections. Physician notes on a PR-2 dated 4/19/2015 show complaints of bilateral upper extremity radicular pain rated 4/10, bilateral shoulder pain rated 4/10, bilateral elbow pain rated 4/10, bilateral wrist pain rated 4/10 with weakness, left wrist ganglion cyst, stress, depression, and sleep disturbance. Recommendations include activity and work modification, electromyogram/nerve conduction studies of the cervical spine, chiropractic care, possible aspiration of left wrist cyst, Ibuprofen, Prilosec, topical cream, and psychologist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg QTY: 60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ibuprofen Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is documentation that ibuprofen helps with pain but results in GI upset in a note from April 2015. Given this, the current request is medically necessary as the patient continues with musculoskeletal pain. However, it should be noted that ibuprofen should be used for short-term use and alternate NSAIDs should be considered given the GI upset documented.

Prilosec 20mg QTY: 30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. However, there is documentation of dyspepsia and GI upset with the use of ibuprofen, which is noted in a progress note, dated 4/16/15. This is an FDA approved indication for a proton pump inhibitor. Given this, this request is medically necessary.

Flurbiprofen, Capsaicin, Camphor, Menthol Cream 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Biofreeze and Cryotherapy gel.

Decision rationale: The CPMTG specify that in order for a topical compounded medication to be recommended, all components must be recommended. It is noted that this request contains a

component of menthol. There are no provisions for topical menthol in the California Medical Treatment Utilization Schedule. Therefore the Official Disability Guidelines are referenced, which support the use of menthol only in the context of acute low back pain as an alternative to ice packs. Specifically, the Official Disability Guidelines Low Back Chapter under the Biofreeze and Cryotherapy section state: "Recommended as an optional form of cryotherapy for acute pain. See also Cryotherapy, Cold/heat packs. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. (Zhang, 2008)" Given that this worker does not have documentation of acute low back pain, the topical menthol is not medically necessary.