

Case Number:	CM15-0127112		
Date Assigned:	07/13/2015	Date of Injury:	05/08/2013
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic shoulder, elbow, wrist, neck, and low back pain (LBP) reportedly associated with an industrial injury of May 8, 2014. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for Prilosec, flurbiprofen-containing topical compound, and a lumbar support. The claims administrator referenced an office visit and associated RFA form of June 1, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form July 9, 2015, six sessions of acupuncture were endorsed. In an associated July 7, 2015 progress note, the attending provider reiterated his request for acupuncture in a highly templated manner. Little-to-no narrative commentary or applicant-specific information was attached. In a separate note dated July 1, 2015, the applicant reported complaints of neck, low back, shoulder, elbow, and wrist pain. The applicant denied lumbar radicular pain for which the applicant had 24 sessions of chiropractic therapy, 21 sessions of acupuncture, and 10 sessions of physical therapy for the shoulder alone, it was acknowledged. The note comprised, in large part, of pre-printed checkboxes. The applicant reported ancillary issues with dyspepsia, psychological stress, and anxiety, it was reported. The applicant's medication list included Motrin, Prilosec, and a topical compounded medication. A 10-pound lifting limitation was endorsed. It was suggested, through pre-printed checkboxes, the applicant was, in fact, working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg Qty: 60.00: Overturned

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

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

Decision rationale: Yes, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. Here, the applicant was described as having issues with dyspepsia on a handwritten note dated July 1, 2015, seemingly ibuprofen-induced. Usage of Prilosec, a proton pump inhibitor, thus, was indicated to combat the same. Therefore, the request was medically necessary.

FMCC: Flurbiprofen/ Capsaicin/ Campor/ Menthol: Upheld

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

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

Decision rationale: Conversely, the request for a flurbiprofen-capsaicin-camphor-menthol compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine, lumbar spine, and left shoulder, i.e., relatively widespread regions not easily amenable to topical application. Since the primary ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of oral ibuprofen, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

LSO Brace: 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) - Treatment in Workers Comp 2012 (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com) (updated 02/14/2012).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: Finally, the request for a lumbar support orthosis (AKA lumbar brace) was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date (s) in question, June 1, 2015 and July 1, 2015, following an industrial injury of May 8, 2014. Introduction, selection, and/or ongoing usage of lumbar support was not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.