

Case Number:	CM15-0172138		
Date Assigned:	09/14/2015	Date of Injury:	10/31/2005
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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: California, Hawaii

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 62-year-old female who sustained an industrial injury October 31, 2005. Diagnoses have included cervical radiculopathy; bilateral thumb arthrosis; trapezial, paracervical and parascapular strain; bilateral forearm tendinitis; left thoracic outlet syndrome; and, left lateral epicondylitis. She also is noted to have a history of GERD. Documented treatment includes bilateral cubital tunnel release, carpal tunnel release, and ulnar nerve compression at both wrists; physical therapy reported March 17, 2015 note as being helpful with pain symptoms; and, medication, including nonsteroidal anti-inflammatory medications, and Prilosec, Voltaren, and Methoderm which has been noted as being used since at least early 2014. Exam of February 5, 2015 reported decreased range of motion of the cervical spine with pain, and chronic pain and inflammation. The treating physician's plan of care includes retrospective requests for Methoderm ointment, Voltaren, and Omeprazole with the date of service of February 5, 2015. This was submitted August 11, 2015 and denied August 19, 2015. The injured worker is noted to have work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Methoderm ointment gel, 120gm (DOS: 02/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with pain affecting the neck with radiation into the bilateral upper extremities. The current request is for Retrospective: Methoderm ointment gel, 120gm (DOS: 02/25/2015). The requesting treating physician report was not found in the documents provided. The treating physician report dated 3/19/15 (50B) states, "She should continue with her non-steroidal anti-inflammatory medication for her chronic pain and inflammation." The MTUS guidelines state the following regarding topical NSAIDs: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medical reports provided show the patient has been using Methoderm since at least 2/6/14 (5B). In this case, the treating physician has not documented functional improvement from the use of this medication and topical NSAIDs are only supported for short term use (4-12 weeks). The use of this medication is outside of the 4-12 weeks recommended by the MTUS guidelines and no documented efficacy. The current request is not medically necessary.

Retrospective: Voltaren 100mg, #60 (DOS: 02/05/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with pain affecting the neck with radiation into the bilateral upper extremities. The current request is for Retrospective: Voltaren 100mg, #60 (DOS: 02/25/2015). The requesting treating physician report was not found in the documents provided. The treating physician report dated 3/19/15 (50B) states, "She should continue with her non-steroidal anti-inflammatory medication for her chronic pain and inflammation." The MTUS guidelines state the following regarding topical NSAIDs: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medical reports provided show the patient has been using Voltaren since at least 2/6/14 (5B). In this case, the treating physician has not documented functional improvement from the use of this medication and topical NSAIDs are only supported for short term use (4-12 weeks). The use of this medication is outside of the 4-12 weeks recommended by the MTUS guidelines. The current request is not medically necessary.

Retrospective: Omeprazole 20mg, #60 (DOS: 02/05/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with pain affecting the neck with radiation into the bilateral upper extremities. The current request is for Retrospective: Omeprazole 20mg, #60 (DOS: 02/25/2015). The requesting treating physician report was not found in the documents provided. The treating physician report dated 3/19/15 (50B) states, "She should continue with her non-steroidal anti-inflammatory medication for her chronic pain and inflammation. She does require stomach protective medication given her history of GERD." The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there is documentation that the patient was at risk for gastrointestinal events and therefore requires "stomach protective medication." The current request does satisfy the MTUS guidelines as outlined on pages 68-69. The current request is medically necessary.