

Case Number:	CM15-0177792		
Date Assigned:	09/18/2015	Date of Injury:	02/05/2013
Decision Date:	10/22/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 injured worker is a 44 year old female, who sustained an industrial injury on 2-5-13. The documentation noted on 7-14-15 the injured worker is six months post op. Objective findings noted that examination of the upper extremities was performed and motion is excellent with forward elevation to 180 degrees, external rotation to 70 degrees, and internal rotation to 80 degrees and there is moderate tenderness in the anterior right shoulder and in the right palm. The diagnoses have included status post right shoulder rotator cuff repair and distal clavicle excision and status post right carpal tunnel release. Treatment to date has included ongoing stretching and strengthening; prilosec; menthoderm gel and celebex. The documentation noted that the injured worker was temporarily partially disabled and was capable of working with restrictions of no heavy lifting or heavy gripping with the right hand. The original utilization review dated 9-3-15, non-certified the request for retro menthoderm ointment 120gm and retro omeprazole #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Menthoderm Ointment 120gm: 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): Salicylate topicals, Topical Analgesics.

Decision rationale: Mentherm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. In this case, the injured worker is status-post right shoulder rotator cuff repair. Per available documentation, the injured worker continues to have moderate anterior shoulder pain despite the use of mentherm ointment, therefore, the request for retro mentherm ointment 120gm is determined to not be medically necessary.

Retro Omeprazole #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. Despite the reported use of Celebrex, there is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for retro Omeprazole #60 is determined to not be medically necessary.