

Case Number:	CM15-0178250		
Date Assigned:	09/18/2015	Date of Injury:	11/16/2012
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 11-16-2012. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for left shoulder rotator cuff tear and bilateral knee pain-derangement. Treatment and diagnostics to date has included acupuncture, injections, use of right knee brace, and medications. Current medications include Hydrocodone, Naproxen, Prilosec, and Methyl Salicylate. In a progress note dated 08-11-2015, the injured worker reported pain in the neck, left shoulder, left arm, and left elbow with radiation of pain to the arms, lower back, and both knees rated 7 to 10 out of 10 on the pain scale. The physician stated, "with regard to functional limitations during the past month, the patient avoids going to work, physically exercising, participating in recreation, and doing yard work or shopping because of his pain." Objective findings included tenderness to palpation over the anterior aspect of the shoulder, positive Hawkin's test, tenderness to palpation to the infrapatellar region, and positive McMurray's test. The request for authorization dated 08-21-2015 requested Hydrocodone, Retrospective Naproxen 550mg po (by mouth) twice daily #60, Retrospective Prilosec, and Retrospective Methyl Salicylate 15% bid (twice daily) to tid (three times daily). The Utilization Review with a decision date of 08-28-2015 non-certified the request for Naproxen 550mg #60 dispensed 08-11-2015 and Methyl Salicylate 15% (no quantity provided) dispensed 08-11-2015 and certified the request for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg #60, dispensed 8/11/15: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year, several months in combination with opioids. Pain response to medication is unknown. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required a PPI while on the NSAID. Continued use of Naproxen is not medically necessary.

Retrospective Methyl salicylate 15% (no quantity provided), dispensed 8/11/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Topical analgesics.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate 15% is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was already on oral NSAIDS. The Methyl Salicylate topically on 8/11/15 was not medically necessary.