

Case Number:	CM15-0037079		
Date Assigned:	03/30/2015	Date of Injury:	12/30/2013
Decision Date:	05/29/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 43-year-old male, who sustained an industrial injury on 12/30/2013. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having right wrist strain. Treatment to date has included medications. On 1/7/2015, a handwritten PR-2, which is difficult to read, indicates he was seen for follow-up. The injured worker reported persistent pain and insomnia. Upon examination, there was pain with range of motion of the bilateral wrists. Treatment recommendations included chiropractic therapy, acupuncture, a urinalysis test, an ultrasound of the left groin, a surgical consultation for a possible hernia repair and continuation of the current medication regimen. A Request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox (Naproxen) 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non steroidal anti inflammatory drugs) Page(s): 67-73.

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

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. According to the documentation provided, the injured worker has continuously utilized NSAID medications since at least 09/2014. Guidelines do not support long-term use of NSAIDs. There is no documentation of an acute exacerbation of pain. In addition, there is no frequency listed in the request. Therefore, the request is not medically necessary.

Prilosec (Omeprazole) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Ultracet (Tramadol) 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, the injured worker has utilized the above for an unknown duration. There is no documentation of a written consent for chronic use of an opioid. Recent urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flurbiprofen 120gms: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing Flurbiprofen would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.

Ketoprofen 120gms #1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing ketoprofen would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.

Theramine #90 (dosage unspecified): 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 Compensation (TWC): Integrated/ Disability Duration Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Theramine.

Decision rationale: The Official Disability Guidelines do not recommend Theramine for treatment of chronic pain. Theramine is a medical food that is intended for use in the management of pain syndromes. In this case, the injured worker has utilized the above medication for an unknown duration. The medical necessity has not been established in this case. As the Official Disability Guidelines do not recommend Theramine for chronic pain, the request cannot be determined as medically appropriate. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Sentra PM #60 (dosage unspecified): 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 Compensation (TWC): Integrated/ Disability Duration Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Sentra PM.

Decision rationale: The Official Disability Guidelines do not recommend Sentra PM. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Gabadone #60 (dosage unspecified): 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 Compensation (TWC): Integrated/ Disability Duration Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend medical food for chronic pain. Medical food is a food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Sentra AM #60 (dosage unspecified): 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 Compensation (TWC): Integrated/ Disability Duration Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend medical food for chronic pain. Medical food is a food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a

disease or condition. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.