

Case Number:	CM15-0074234		
Date Assigned:	04/24/2015	Date of Injury:	05/17/2011
Decision Date:	07/07/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/18/2015

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: Pennsylvania, Ohio, 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 40-year-old female, who sustained an industrial injury on 5/17/2012. She reported injury from repetitive activities. The injured worker was diagnosed as having cervical sprain/strain with rule out cervical disc herniation with radiculopathy, right shoulder sprain/strain, lumbar sprain/strain with rule out lumbar disc herniation, right wrist sprain/strain and bilateral shoulder impingement syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 3/19/2015, the injured worker complains of pain in the right hand, neck, low back and bilateral shoulders. The treating physician is requesting Flector patch, Naproxen Sodium, Tramadol Hcl and Ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Dis 1.3% Day Supply: 30 Qty:60: Upheld

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

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. These guidelines particularly do not recommend topical NSAIDs for chronic use beyond approximately 2 weeks. For these reasons, records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

Naproxen Sod Tab 550mg day supply 30 Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review states that an over-the-counter NSAID would be more appropriate than Naproxen; however, MTUS does not state a preference for over-the-counter rather than prescription NSAIDs. This is a first-line medication/drug class supported by the treatment guidelines. The request is medically necessary.

Tramadol Hcl Tab 50mg Day Supply: 30 Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Ranitidine Tab 150mg Day Supply: 30 Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.