MAXIMUS Federal Services

Case Number:	CM15-0093760		
Date Assigned:	05/20/2015	Date of Injury:	08/11/2014
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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, Pain Management

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(n) 61 year old female, who sustained an industrial injury on 8/11/14. She reported pain in the bilateral wrists, elbows and shoulders related to repetitive motion. The injured worker was diagnosed as having bilateral lateral epicondylitis, bilateral shoulder impingement syndrome and bilateral wrist sprain. Treatment to date has included chiropractic treatment, physical therapy x 12 sessions and extracorporeal shockwave therapy. Current medications include Tramadol, Omeprazole, Motrin, Amitriptyline 10%, Gabapentin 10%, Bupivicaine 5% and Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025%. As of the PR2 dated 3/26/15, the injured worker reports pain in the bilateral shoulders, wrist and elbows. She rates the pain 7/10 in the right shoulder, wrist and elbow and 6/10 in the left shoulder wrist and elbow. Objective findings include 2-3 grade tenderness in the bilateral shoulders and elbows, a positive impingement sign in the shoulders and restricted range of motion in the shoulder, elbows and wrists. The treating physician requested Omeprazole 20mg #60, Amitriptyline 10%, Gabapentin 10%, Bupivicaine 5% in cream base, 180gm, Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% 180gm and physical therapy x 12 sessions. A progress report dated April 30, 2015 states that the patient has undergone 19 therapy sessions thus far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors; Non Steroidal Anti Inflammatory Drugs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Amitriptyline 10%, Gabapentin 10%, Bupivicaine 5% in cream base, 180gm: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Amitriptyline 10%, Gabapentin 10%, Bupivicaine 5% in cream base, 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti- epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Amitriptyline 10%, Gabapentin 10%, Bupivicaine 5% in cream base, 180gm is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% 180gm: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% 180gm, CA MTUS states that topical

compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% 180gm is not medically necessary.

Physical Therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, when added to the previously authorized therapy sessions, the current request exceeds the number of therapy sessions recommended by ODG for this patient's diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.