

Case Number:	CM15-0096629		
Date Assigned:	05/27/2015	Date of Injury:	06/07/2014
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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: Florida

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 was a 40-year-old female, who sustained an industrial injury, June 9, 2014. The injured worker previously received the following treatments physical therapy, EMG/NCS (electro diagnostic studies and nerve conduction studies) of the bilateral extremities, right elbow MRI, right wrist MRI, Ultracet, Naproxen, Prilosec, Mentherm cream, forearm splint, spica splint and orthopedic evaluation. The injured worker was diagnosed with right carpal tunnel syndrome, right de Quervain's stenosing tenosynovitis, right de Quervain's disease, right triangular fibro cartilage tear, right carpal tunnel syndrome, right knee cruciate ligament sprain verses partial tear, right knee internal derangement, right wrist contusion, loss of sleep and psychological component. According to progress note of April 3, 2015, the injured workers chief complaint was constant sharp, stabbing, throbbing, burning right wrist pain, stiffness, heaviness, numbness tingling, weakness and cramping radiating to the fingers and elbow. The injured worker was also complaining of right knee pain and stiffness, heaviness and weakness radiating to the right ankle. There was loss of sleep due to pain. The injured worker was complaining of depression, anxiety and irritability. The physical exam noted plus 3 tenderness to palpation of the dorsal wrist, volar wrist, medial wrist and the ulnar. The carpal compression testing caused pain. Phalen's testing caused pain. Finkelstein's caused pain. The right knee range of motion was decreased and painful. The anterior drawer caused pain. The valgus caused pain. The treatment plan included prescriptions for Mentherm topical, Prilosec, Ibuprofen, Naproxen and range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm topical 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketoprofen, Lidocaine, Topical Analgesics.

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

Decision rationale: The requested medication Methoderm contains Methylsalicylate and Menthol. Methylsalicylate is an NSAID. MTUS guidelines specifically state regarding "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Likewise, the requested medication is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Prilosec is not medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Ibuprofen is not medically necessary.

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.

Range of motion testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General approach to initial assessment and documentation, The physical exam Page(s): 33.

Decision rationale: MTUS guidelines note that range of motion testing is part of the physical exam process. There is no documentation to establish the medical necessity of this diagnostic exam as a separate procedure from the general physical exam. This request for specialized range of motion testing is not considered medically necessary.