

Case Number:	CM13-0007723		
Date Assigned:	10/11/2013	Date of Injury:	12/20/2006
Decision Date:	08/01/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 73 year old male who had a work related injury on 03/06/06 sustaining injuries to the low back, right shoulder, and right wrist. He initially was off work for several months and returned to work in 09/06 and was performing light duties. He had a second work related injury on 12/20/06, there was stripper chemicals applied to the floor and he subsequently walked out of the room and slipped and fell backwards, striking the back of his head and left shoulder. He sustained worsening low back pain. He had conservative treatment physical therapy and medications. Most recent notes dated 07/09/13 hand written note, patient had not started chiropractic yet. He continued to have pain in the right shoulder, lumbosacral spine with some numbness of both his legs. He was taking his medication, using the cream with benefit. Physical examination, positive right shoulder impingement. Positive bilateral straight leg raise, decreased sensation bilateral feet, decreased range of motion of back in all planes. Normal strength. Flexion/extension limited. Prior utilization review on 07/03/13 partial certification for Omeprazole, Gabapentin, and Ketoprofen. Flexeril and Dendracin lotion were non-certified. Current request was for Omeprazole 20mg #100. Gabapentin 600mg three times a day 100mg. Dendracin ointment as needed. Orudis/Ketoprofen 75mg one tablet twice a day #100. Flexeril/Flexmid 7mg one tablet three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chronic, Protein pump inhibitor.

Decision rationale: The request for Omeprazole 20 mg # 100 is not medically necessary. The clinical documentation does not support the request. The most recent clinical note is dated 07/09/2013. Lack of updated clinical information, medical necessity has not been established.

Gabapentin 600mg T.I.D. #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: The request for Gabapentin 600mg three times a day #100 is not medically necessary. The clinical documentation does not support the request. The most recent clinical note is dated 07/09/2013. Lack of updated clinical information, medical necessity has not been established.

Dendracin ointment P.R.N.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, topical analgesics.

Decision rationale: The request for Dendracin ointment prn is not medically necessary. The most recent clinical note is dated 07/09/2013. Lack of updated clinical information, medical necessity has not been established.

Orudis/Ketoprofen 75mg 1 tab B.I.D., #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAID's (non-steroidal anti-inflammatory drugs).

Decision rationale: The request for Orudis/ketoprofen 75mg 1 tab twice a day # 100 is not medically necessary. The most recent clinical note is dated 07/09/2013. Lack of updated clinical information, medical necessity has not been established.

Flexeril/Flexmid 7mg, 3 times a day, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, muscle relaxants for pain.

Decision rationale: The request for Flexeril/Fexmid 7mg, 1 three times a day #90 is not medically necessary. Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The most recent clinical note is dated 07/09/2013. Lack of updated clinical information, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.