

Case Number:	CM13-0019511		
Date Assigned:	10/11/2013	Date of Injury:	12/22/2008
Decision Date:	01/29/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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.

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 underlying date of injury in this case is 12/22/2008. The treating diagnoses include lumbar disc displacement, rotator cuff syndrome, enthesopathy, neuralgia, shoulder sprain, and neck sprain. On 08/01/2013, the treating physician submitted a PR-2 report. This report is handwritten and partially legible although with limited clinical information. The patient is reported to have a history of lumbar surgery 09/17/2012 as well as a history of a cervical sprain and a sprain to both shoulders. Objective findings appear to include limited range of motion in the cervical spine and shoulders, although this is only partially legible. The treatment plan included adjusting medication and increasing the patient's functional level as well as the use of a heating pad and increase walking as well as use of a pool when possible. Checkmarks indicate prescriptions prescribed for ibuprofen, omeprazole, hydrocodone, cyclobenzaprine, lorazepam, and 2 topical agents. Previously on 05/10/2013, an agreed medical examiner prepared a report and recommended that analgesic medication should be made available to the patient and that short courses of physical therapy consisting of 2-3 visits per week for 4-6 weeks should be available for exacerbations of pain and that prolonged therapies were not indicated. A prior physician review concluded that the medical records did not provide enough information to support a rationale or mechanism of action for transdermal analgesics. The prior reviewer referenced the pain section of the Official Disability Guidelines, noting that the guidelines recommend acetaminophen rather than anti-inflammatory medications for low back pain. Overall, this reviewer recommended non-certification of ibuprofen, omeprazole, cyclobenzaprine, lorazepam, and multiple transdermal agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen, 800mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Duration Guidelines

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications states, "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume." The physician reviewer references Official Disability Guidelines in the section of chronic low back pain in stating that Tylenol is preferred to an anti-inflammatory. However, in this case, "enthesopathy" is specifically a condition being treated, referring to a classic inflammatory process for which anti-inflammatory medications are a first line of treatment. For this reason, the guidelines do specifically support an indication for ibuprofen. The request for Ibuprofen, 800mg, is medically necessary and appropriate.

Omeprazole D. R., 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications and Gastrointestinal Symptoms states the clinician should "determine if the patient is at risk for gastrointestinal events." The medical records are limited and do not clearly indicate a specific risk factor for gastrointestinal events in this case. The request for Omeprazole D. R., 20mg, is not medically necessary or appropriate.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/cyclobenzaprine Page(s): 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants states regarding cyclobenzaprine, "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." The medical records do not provide a rationale in this case as to why this medication would be indicated, particularly in a chronic setting, in contrast to the treatment guidelines. The request for Cyclobenzaprine 7.5mg, is not medically necessary or appropriate.

Lorazepam, 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Benzodiazepines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions." The medical records do not provide a rationale for the use of benzodiazepines on a chronic basis in contrast to the guidelines. The request for Lorazepam, 2mg, is not medically necessary or appropriate.

Flurbiprofen 10%/Lido 5%/Menthol 5%/Camp 1% 3 d/s: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Duration Guidelines

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Largely experimental in use with few randomized controlled trials to determine efficacy or safety." The medical records do not provide a rationale as to why this topical agent would be indicated in contrast to the guidelines nor do the medical records clarify what multiple topical analgesics would simultaneously be indicated or how the mechanism of action might be impacted by simultaneous use of multiple agents. The request for Flurbiprofen 10%/Lido 5%/Menthol 5%/Camp 1% 3 d/s is not medically necessary or appropriate.

Tramadol 15%/Dextro 10%/Cap 0.025% 3 d/s: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Duration Guidelines

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Largely experimental in use with few randomized controlled trials to determine efficacy or

safety." The medical records do not provide a rationale as to why this topical agent would be indicated in contrast to the guidelines nor do the medical records clarify what multiple topical analgesics would simultaneously be indicated or how the mechanism of action might be impacted by simultaneous use of multiple agents. The request for Tramadol 15%/Dextro 10%/Cap 0.025% 3 d/s is not medically necessary or appropriate.