

Case Number:	CM13-0049536		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2010
Decision Date:	05/15/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & 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 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 patient is a 66-year-old female who reported an injury on 05/17/2010 after a fall which caused injury to multiple body parts. The patient's treatment history included multiple surgical interventions, physical therapy, activity modifications, injection therapy, and multiple medications. The patient's most recent medication schedule included naproxen, Flexeril, omeprazole, and Lidoderm patches. The patient's most recent clinical evaluation revealed tenderness to palpation of the lumbar spine with spasms. The patient's diagnoses included shoulder impingement, lumbosacral thoracic neuritis, lumbar sprain/strain, and lumbar spondylosis without myelopathy. The patient's treatment plan included continuation of a home exercise program and medication usage

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: NAPROXEN550MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-inflammatory medication Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for Chronic Pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s):.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does recommend the use of naproxen for chronic low back pain. The clinical documentation does indicate that the patient has tenderness to palpation of the low back. However, the MTUS recommends continued use be based on documentation of functional benefit and a quantitative assessment of pain relief. The clinical documentation fails to establish that the patient has any functional benefit related to medication usage. Additionally, there is no assessment of pain relief to support the efficacy of this medication. As such, the retrospective request for naproxen 550 mg #60 is not medically necessary or appropriate.

RETRO: FLEXERIL 7.5MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule (MTUS) does not support the use of muscle relaxants for an extended duration. The MTUS only recommends short courses of treatment of up to 2 to 3 weeks. Additionally, the clinical documentation fails to provide evidence of functional benefit or pain relief as a result of the medication usage. As such, the retrospective request for Flexeril 7.5 mg #30 is not medically necessary or appropriate.

RETRO: OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk, Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing gastrointestinal disturbances related to medication usage. Therefore, continued use of this medication would not be supported. As such, the retrospective request for omeprazole 20 mg #60 is not medically necessary or appropriate.

**LIDOPRO CREAM 4OZ, 1 BOTTLE FOR THE RIGHT SHOULDER/LOW BACK
DISPENSED ON 10/24/2013:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The requested medication is a combination topical agent that contains capsaicin, Lidocaine, menthol, and methyl salicylate. The California Medical Treatment Utilization Schedule (MTUS) does recommend the use of menthol and methyl salicylate for patients who have osteoarthritic related pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is osteoarthritic in nature. Additionally, the MTUS does not recommend the use of capsaicin as a topical agent unless there is documentation that the patient has failed to respond to first line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to antidepressants or anticonvulsants. Also, the MTUS does not recommend Lidocaine in a cream formulation as it is not Food and Drug Administration (FDA) approved to treat neuropathic pain. The MTUS states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested LidoPro cream 4 oz 1 bottle for the right shoulder/low back dispensed on 10/24/2013 is not medically necessary or appropriate.