

Case Number:	CM13-0051362		
Date Assigned:	02/20/2014	Date of Injury:	04/25/2013
Decision Date:	04/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 35-year-old male who sustained an unspecified injury on 04/25/2013. The injured worker was evaluated on 12/31/2013 for complaints of neck pain and low back pain with increased spasm. The documentation indicated the pain the level was 7/10 on the Visual Analog Scale with the use of medications. The physical examination noted no changes from the previous physical examination. The documentation submitted for review dated 12/31/2013 did not have physical examination findings included. The treatment plan indicated the use of Norco 5/325 mg twice a day, Ibuprofen 800 mg twice a day, and Cyclo/Keto/Lido cream twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Guidelines recommend ongoing management of opioid therapy to include pain relief. The guidelines additionally recommend the discontinuation of opioids in cases where there is not significant pain relief and

overall improvement in function. The documentation submitted for review did not indicate the patient had any improved functioning with the use of the medications. Therefore, the continued use of the medications is not supported. The request for Norco 5/325 mg #60 is not medically necessary and appropriate.

PRILOSEC 20MG #30 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT FORK WORKERS' COMPENSATION, ONLINE EDITION CHAPTER: PAIN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of a proton pump inhibitors for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. The documentation submitted did not indicate the patient was at intermediate risk for gastrointestinal events. Furthermore, the documentation submitted for review did not indicate the medication requested as part of the treatment plan. Therefore, the request for the medication is unclear. The request for Prilosec 20 mg #30 with 1 refill is not medically necessary and appropriate.

CYCLO-KETO-LIDO #240 1 REFILL: 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): 111-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend the use of muscle relaxants as a topical analgesic. Furthermore, the documentation submitted for review did not indicate the patient has significant pain relief with the use of the medication. Therefore, continued use is not supported. The guidelines additionally do not recommend the use of Ketoprofen as the agent is not currently FDA-approved for topical application. Therefore, as the medication is not FDA-approved, it is not recommended by guidelines. The guidelines recommend the use of topical lidocaine for injured workers with neuropathic pain after they have tried a first-line therapy. The documentation submitted for review did not indicate the patient had tried and failed a first-line therapy. The request for Cyclo-Keto-Lido #240 with 1 refill is not medically necessary and appropriate.