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| Case Number: | CM13-0062181 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/05/2003 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 5, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; topical compounds; unspecified amounts of chiropractic manipulative therapy, physical therapy, and acupuncture over the life of the claim; attorney representation; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of November 27, 2013, the claims administrator approved a request for Naprosyn, approved renal and hepatic function testing, partially certified Prilosec, partially certified Flexeril, and denied request for a pain management referral, Terocin patches, and LidoPro topical ointment. The applicant's attorney subsequently appealed. In applicant questionnaires of August 28, 2012 and November 6, 2012, the applicant states that she is working modified duty. A later questionnaire of October 15, 2013 is again notable for comments that the applicant is working modified duty. The applicant states that ongoing medication usage has ameliorated her symptoms. The applicant states that she is using hydrochlorothiazide, Zocor, and Naprosyn. A clinical progress note of November 7, 2013 is notable for comments that the applicant is using Naprosyn and Zanaflex for pain relief. The applicant states that she developed gastrointestinal complaints without usage of Prilosec, apparently NSAID induced. The applicant does exhibit a mildly antalgic gait despite possessing 5/5 lower extremity strength. Terocin and Omeprazole are appealed. It is again stated that the applicant's GI complaints will worsen were she unable to use Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Overturned

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as is reportedly present here. In this case, the applicant is having ongoing issues with dyspepsia, apparently induced by ongoing Naprosyn usage. The attending provider has seemingly posited that the applicant's GI complaints are effectively reduced as a result of ongoing Omeprazole usage. Continuing the same, on balance, is therefore indicated, as suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request is medically necessary and appropriate.

CYCLOBENZAPRINE 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine or Flexeril is "not recommended" when added to other agents. In this case, the applicant is using numerous other analgesic and adjuvant medications, including Naprosyn, Zanaflex, tramadol, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary and appropriate.

1 LIDOPRO TOPICAL OINTMENT 4 OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine is recommended in the treatment of neuropathic pain in individuals who have had a trial of first-line antidepressants and/or anticonvulsants. In this case, however, there is no indication or evidence that the applicant has first tried and/or failed antidepressants

and/or anticonvulsants before LidoPro ointment was considered. Therefore, the request is not medically necessary and appropriate.

1 PAIN MANAGEMENT CONSULTATION AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 6, page 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistence complaints which prove recalcitrant to conservative measures should lead an attending provider to reconsider the operating diagnosis and determine if a specialist evaluation is necessary. In this case, the applicant's chronic pain symptoms have, indeed, seemingly proven recalcitrant to conservative management. Obtaining the added expertise of a physician specializing in chronic pain is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is medically necessary and appropriate.