

Case Number:	CM13-0069756		
Date Assigned:	01/03/2014	Date of Injury:	08/23/2011
Decision Date:	05/06/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Sports 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 50-year-old female who reported an injury on 01/24/2004. The injured worker was reportedly reaching up on a shelf to pull down science boards when she experienced a sharp pain in the upper back and right shoulder blade. Current diagnoses include cervical radiculopathy, cervicgia, joint pain in the shoulder region, and fibromyalgia/myositis. The injured worker was evaluated on 12/18/2013. The injured worker reported improvement with acupuncture, medications, and TENS therapy. The injured worker has also been treated with trigger point injections. The injured worker continues to work full time as a teacher. The injured worker reported 4/10 pain in the cervical spine. Current medications include Mobic 7.5 mg, Lidoderm 5% adhesive patch, Naprosyn 500 mg, and Prilosec 20 mg. Physical examination revealed palpable trigger points in the muscles of the head and neck, 45 degree anterior flexion, painful range of motion, 60 degree right lateral rotation, and intact motor strength and sensation. Trigger point injections were administered on that date. Treatment recommendations included acupuncture treatment once per week for 10 weeks, as well as refills on Lidoderm 5% adhesive patch, Naprosyn 500 mg tablets, and Prilosec 20 mg capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% #30: Upheld

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

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

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no evidence of a trial of first-line therapy with tricyclic or SNRI antidepressants or an anticonvulsant, as recommended by California MTUS Guidelines. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

OMEPRAZOLE 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

NAPROXEN 500MG #60 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. As per the documentation submitted, there is no evidence of objective functional improvement as a result of the ongoing use of this medication. As guidelines only recommend NSAIDs as an option for short-term treatment, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

PRILOSEC 20MG #30 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.