MAXIMUS Federal Services

Case Number:	CM14-0006642		
Date Assigned:	02/28/2014	Date of Injury:	09/24/2012
Decision Date:	07/21/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 Illinois. 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 32-year-old female who reported an injury on September 24, 2012. The mechanism of injury was not specifically stated. Current diagnoses include possible lumbar discogenic pain, possible cervical discogenic pain, bilateral shoulder pain, bilateral carpal tunnel syndrome, and stress syndrome. There was no Physician's Progress Report submitted on the requesting date of May 01, 2013. The injured worker was evaluated on April 29, 2013. The injured worker reported constant lower back pain, as well as neck pain. Previous conservative treatment includes chiropractic therapy, medication management, home exercises, and acupuncture. Physical examination on that date revealed tenderness to palpation of the cervical spine, tenderness at the bilateral trapezius muscles, painful cervical range of motion, lumbar facet tenderness, lower lumbar midline tenderness, and painful range of motion of the lumbar spine. The injured worker also demonstrated positive Tinel's and Phalen's testing bilaterally. Treatment recommendations at that time included cervical and lumbar facet diagnostic blocks and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR IBUPROFEN 800MG (#90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The 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 option after acetaminophen. There is no documentation of osteoarthritis or an acute exacerbation of chronic pain. Therefore, the request is not medically necessary.

THE RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE HCL 7.5MG (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no evidence of palpable muscle spasm or spasticity upon physical examination. As such, the request is not medically necessary.

THE RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20MG (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The 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 non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically necessary.

THE RETROSPECTIVE REQUEST FOR 120GM TUBE OF KETOPROFEN (20%), CAPSAICIN (0.0375%), MENTHOL (5%) ULTRACREAM: 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): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. The only FDA-approved topical NSAID is diclofenac; therefore, the current request is not medically appropriate.

THE RETROSPECTIVE REQUEST FOR 120GM TUBE OF GABAPENTIN (6%), KETOPROFEN (20%), AND LIDOCAINE HCL(6.15%) ULTRACREAM: 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): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is not recommended, as there is no evidence for the use of an anti-epilepsy drug as a topical product. The only FDA-approved topical NSAID is diclofenac. Therefore, the request is not medically necessary.

THE RETROSPECTIVE REQUEST FOR ONE (1) FOLLOW-UP IN FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California MTUS/ACOEM practice Guidelines state physician follow-ups can occur when a release to modified, increased, or full duty is needed or after appreciable healing or recovery can be expected. There was no Physician Progress Report submitted on the requesting date of May 01, 2013. Therefore, the medical necessity for a follow up visit in four weeks cannot be determined at this time. As such, the request is not medically necessary.