

Case Number:	CM14-0006932		
Date Assigned:	02/07/2014	Date of Injury:	04/03/2013
Decision Date:	07/08/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 and Rehabilitation, 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 52-year-old who reported an injury on April 3, 2013. The mechanism of injury was not specifically stated. Current diagnoses include headache, neck sprain, brachial neuritis or radiculitis, lumbar sprain, right shoulder rotator cuff syndrome, right ankle/foot plantar fasciitis, and unspecified adjustment and reaction. The injured worker was evaluated on December 27, 2013. The injured worker reported frequent headaches, neck pain, low back pain, and right shoulder pain. Previous conservative treatments include physical therapy. Physical examination revealed limited cervical range of motion, positive Spurling's maneuver, positive shoulder depression testing on the right, tenderness of the cervical spine, limited shoulder range of motion, and limited right ankle range of motion. Treatment recommendations at that time included authorization for physical therapy, prescriptions for cyclobenzaprine 7.5 mg and a compounded cream, and a course of acupuncture for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCOLBENZAPRINE 7.5 MG #120: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment 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 two to three weeks. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There was also no frequency listed in the current request. The request for cyclobenzaprine 7.5mg, 120 count, is not medically necessary or appropriate.

OMEPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment 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 do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID (non-steroidal anti-inflammatory drugs). There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. The request for Omeprazole 20mg, sixty count, is not medically necessary or appropriate.

MENTHODERM OINTMENT 120 GRAMS: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength or frequency listed in the current request. The request for Mentherm ointment 120 grams is not medically necessary or appropriate.