

Case Number:	CM14-0102343		
Date Assigned:	07/30/2014	Date of Injury:	08/20/2004
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 Nevada. 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 49 year-old female who was reportedly injured on 8/20/2004. The mechanism of injury is noted as direct blow. The most recent progress note dated 6/9/2014, indicates that there are ongoing complaints of chronic neck and bilateral upper extremity pain as well as low back pain that radiates in the bilateral lower extremities. The physical examination demonstrated cervical spine, positive tenderness to palpation over the paracervical muscles bilaterally. Limited range of motion with pain. Foraminal compression test is positive bilaterally. Shoulder depression test is positive bilaterally. Cervical distraction test is positive. Lumbar spine: limited range of motion with pain and spasm. Valsalva maneuver is present. Kemp's test is positive on the left. Difficulty with heel/toe walking bilaterally. Straight leg raise test is positive at 75 on the right and 55 on the left. No recent diagnostic studies are available for review. Previous treatment includes cortisone injection, medications, previous shoulder and lumbar spine surgery, and conservative treatment. A request had been made for Flexeril 10mg #40, Prilosec 20mg #80, Biofreeze and was not certified in the pre-authorization process on/2/2014.9497

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #40 tablets with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41,64 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Prilosec 20mg #80 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request is not considered medically necessary.

Biofreeze with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics like Biofreeze are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is not considered medically necessary.