MAXIMUS Federal Services

Case Number:	CM14-0103115		
Date Assigned:	07/30/2014	Date of Injury:	01/31/2009
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 Family Practice 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:

A 55 yr. old female claimant sustained a work injury on 1/31/09 after a fall on concrete involving the right upper and lower extremities. She had a right rotator cuff tear, a slap lesion of the shoulder, patellar subluxationa and medial femoraltibial degenerative changes. She was diagnosed with right knee chondromalacia, right shoulder impingement, right hip bursitis and right ankle arthralgia. She had received knee injections, chiropractic therapy and oral analgesics. On May 5, 2014 the claimant had ongoing neck and back pain. Analgesics had reduced her pain. She used topical LidoPro ointment to reduce oral medication intake. She also had gastric reflux for which a request for an internist evaluation was made. Due to continued pain the treating physician provided the claimant with gabapentin, topical LidoPro, Cymbalta, Celebrex and Hydrocodone for pain. In addition a request was made for aqua therapy two times a week for four weeks for the cervical and lumbar spine strengthening. Omeprazole was also prescribed for gastric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, QTY: 60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

Lidopro Topical Ointment, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, there is no documentation of failure of 1st line medications. The continued use of LidoPro is not medically necessary.

Aquatic Therapy, QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22.

Decision rationale: According to the MTUS guidelines, aqua therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case the claimant had already undergone therapy. There's no indication of the claimant could not perform land-based exercises. There's no indication that reduce the weight bearing was necessary for cervical and lumbar pain. The request for aqua therapy therefore is not medically necessary.