

<b>Case Number:</b>	CM14-0011462		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 32 year old female who sustained an injury on 01/22/10. No specific mechanism of injury was noted. The injured worker was followed for psychiatric conditions including ongoing depression. The injured worker was being prescribed Wellbutrin XL 300mg in the morning and 150mg in the evening by [REDACTED]. The injured worker was seen on 01/13/14 by [REDACTED] for a new evaluation. At this evaluation medications included Naprosyn, Prilosec, tramadol, Flexeril, and Methoderm cream. The injured worker also utilized a TENS unit which provided benefit. On physical examination there was limited range of motion in the right shoulder on abduction to 70-80 degrees. Range of motion was limited in the cervical spine. No neurological deficits were identified. Medications were continued at this visit. The requested tramadol 50mg quantity 90, Naprosyn 50mg quantity 60, Flexeril 7.5mg quantity 30, Prilosec 20mg quantity 60, and LidoPro cream 121g was denied by utilization review on 01/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Tramadol 50mg quantity 90, the clinical documentation submitted for review would not support the ongoing use of this medication. The evaluation from [REDACTED] did not establish what if any functional benefit or pain reduction the injured worker obtained with Tramadol. Due to the lack clinical indications, functional benefits, and pain reduction with the usage, for Tramadol 50mg quantity 90 is not medically necessary and appropriate.

**NAPROSYN 50MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** In regards to the request for Naprosyn 50mg quantity 90, the clinical documentation submitted for review would not support the ongoing use of this medication. The evaluation from [REDACTED] did not establish what if any functional benefit or pain reduction the injured worker obtained with Naprosyn. Due to the lack clinical indications, functional benefits, and pain reduction with the usage, Naprosyn 50mg quantity 90 is not medically necessary and appropriate.

**FLEXERIL 7.5MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the request for Flexeril 7.5mg quantity 30, the clinical documentation submitted for review would not support the ongoing use of this medication. The evaluation from [REDACTED] did not establish what if any functional benefit or pain reduction the injured worker obtained with Flexeril. Due to the lack clinical indications, functional benefits, and pain reduction with the usage, for Flexeril 7.5mg quantity 30 is not medically necessary and appropriate.

**PRILOSEC 20MG #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**Decision rationale:** In regards to the requested Prilosec 20mg quantity 60, the clinical documentation submitted for review did not support medical necessity for the request. Report by [REDACTED] did not discuss any gastrointestinal side effects from oral medications that would have supported the use of a proton pump inhibitor such as gastritis or acid reflux. There was no other clinical documentation establishing a diagnosis of gastroesophageal reflux disease which would support the use of a proton pump inhibitor. Prilosec 20mg quantity 60 is not medically necessary and appropriate.

**LIDOPRO CREAM 121 GM:** 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:** In regards to the requested Lidopro cream 121 grams, the clinical documentation submitted for review did not support medical necessity for the request. LidoPro cream is available over the counter. There was no indication from [REDACTED] that the requested LidoPro cream was appropriate for the injured worker versus standard commercially available over the counter topical analgesic such as Icy Hot. Furthermore the clinical documentation did not discuss any benefits obtained with LidoPro cream that would have supported its ongoing use. Lidopro cream 121 grams is not medically necessary and appropriate.