

Case Number:	CM14-0119694		
Date Assigned:	08/06/2014	Date of Injury:	10/16/2012
Decision Date:	09/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 54-year-old female with an injury on 10/16/2012. The mechanism of injury was not provided for clinical review. The diagnoses include shoulder impingement, carpal tunnel syndrome, cervical strain, and lumbar radiculopathy, internal derangement of the knee and sprain or strain of the ankle. The previous treatments included medication. The injured worker complained of significant bilateral hand pain with numbness and tingling and of bilateral knee and ankle pain. She reported having lower back pain and muscle spasms in her lower back. Upon physical examination, the provider noted the anterior shoulders were tenderness to palpation and the range of motion was restricted. The injured worker had a positive Impingement, Tinel's and Phalen's test bilaterally. Examination of the lumbar spine indicated the paravertebral muscles were tender with spasms present. The injured worker had a positive McMurray's test bilaterally. The provider requested for cyclobenzaprine, omeprazole, and Lidoderm. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg 1 tab 2 X day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. The injured worker has been utilizing the medication since at least 04/2014 which exceeds the guideline's recommendation of short term use. The request is not medically necessary.

Omeprazole DR 20 mg take 1 capsule daily #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, NSAIDs and Gastrointestinal Symptoms Page(s): 68.

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 note proton pump inhibitor, such as omeprazole, is recommended for injured workers at risk for gastrointestinal events and or cardiovascular disease. The risk factors for gastrointestinal events over the age of 65 include; history of peptic ulcer, gastrointestinal bleeding, or perforation; the use of corticosteroids and or an anticoagulants. In the absence of risk factors for gastrointestinal problems, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation and lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request is not medically necessary.

Lidoderm 5% patch (700 mg patch) 1 patch per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines also note Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is also off label use for diabetic

neuropathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 04/2014 which exceeds the guideline's recommendation of short term use of 4 to 12 weeks. The request is not medically necessary.