

Case Number:	CM14-0159321		
Date Assigned:	10/02/2014	Date of Injury:	08/17/2011
Decision Date:	12/10/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 43-year-old female who reported an injury on 08/17/2011 due to lifting large freight boxes of shoes weighing about 50 pounds from a dolly and placing them on a work bench, the injured worker developed pain in her head, neck, shoulders, hands, and back. Physical examination on 08/29/2014 revealed complaints of pain and stiffness in the neck that radiated down the arms, with numbness and tingling to the hands. The injured worker also reported daily headaches. There were complaints of constant pain and stiffness in both shoulders. There were also complaints of pain in the upper back. Examination of the cervical spine/upper extremities revealed for the cervical spine, tenderness to palpation over the paraspinal musculature, with spasticity. Range of motion of the cervical spine was limited. Examination of the left shoulder revealed range of motion was limited. There was tenderness over the right shoulder and the left shoulder. Diagnoses were cervical spine sprain/strain with possible internal derangement, clinical bilateral upper extremity radiculopathy, right shoulder sprain/strain with possible internal derangement, and status post left shoulder arthroscopy with possible residual or recurrent internal derangement. Medications were not reported. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #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 NSAIDs Page(s): 70.

Decision rationale: The decision for Motrin 600 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) in patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The efficacy of this medication was not reported. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Furthermore, the request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use of this medication. Therefore, this request is not medically necessary.

Flexeril 7.5mg #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 Cyclobenzaprine Page(s): 41, 46.

Decision rationale: The decision for Flexeril 7.5 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. There is a lack of documentation of objective functional improvement from the use of this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Prilosec 20mg #30: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The decision for Prilosec 20 mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events, (1) Age greater than 65 years, (2) history of peptic ulcer, GI bleeding or perforation, (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant, or (4) high dose/multiple NSAIDs. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed or perforation. It did not appear the injured worker was at risk for gastrointestinal events. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Flurbiprofen 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The decision for flurbiprofen 120 mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There was a lack of evidence in the medical records provided of a complete and accurate pain assessment, and the efficacy of this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Ketoprefen 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The decision for ketoprofen 120 mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There was a lack of evidence in the medical records provided of a complete and accurate pain assessment, and the efficacy of this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.