

Case Number:	CM14-0025604		
Date Assigned:	06/13/2014	Date of Injury:	12/30/2010
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

The patient is a 67 year old female who was injured on 12/30/2013 as she fell on ice and injured both breasts, both knees and both shoulders. Prior treatment history has included 12 sessions of acupuncture therapy and 12 sessions of physical therapy as well as a series of 6 sessions of aqua therapy. The patient underwent bilateral carpal tunnel release some time in 2013. Diagnostic studies reviewed include urine drug screen dated 11/18/2013 which detected hydrocodone and Norco which appeared to be consistent with prescribed medication. A Med Panel from [REDACTED] dated 07/19/2013 showed normal hepatic and renal function. Progress report dated 01/07/2014 documented the patient with complaints of neck, low back pain, bilateral upper and lower extremity complaints. The patient reports her neck pain an 8/10 on the pain scale as well as 8/10 for the back pain. She reports her low back pain is her worst complaint. She continues to have radiation pain, numbness, tingling in her bilateral upper extremity going to her fingers. There is radiation of pain, numbness, tingling in bilateral lower extremities going to her feet. She had a bilateral carpal tunnel release. She denies side effects of her medication. Objective findings on examination include tenderness to palpation of paracervical and paralumbar musculature. The range of motion of the cervical, thoracic and lumbar spine is decreased in all planes. There is decreased sensation to bilateral C6 and C8 dermatomes to pinprick and light touch. There is also decreased sensation in the bilateral L4-S1 dermatomes to pinprick and light touch. Motor exam reveals 4+/5 bilateral deltoids, biceps, internal and external rotators. Wrist flexors are 4+/5 on the right, 4+/5 for the right tibialis anterior and extensor hallucis longus 5-/5 on the right. The remainder of lower extremity motor exam is normal. Patellar and Achilles reflexes are hyper reflexive bilaterally. Diagnoses: 1. Multilevel herniated nucleus pulposus of the cervical and lumbar spine with moderate to severe stenosis. 2. Cervical and lumbar radiculopathies. 3. Chronic pain syndrome. 4. Status post bilateral carpal tunnel syndrome with carpal tunnel release in 2013.

Treatment Plan: Request authorization for omeprazole 20 mg, cyclobenzaprine 7.5 mg, hydrocodone 10/325 mg, nortriptyline 25 mg, and LidoPro topical ointment. Utilization report dated 02/20/2014 states the request for omeprazole 20 mg was partially certified as the medical necessity for this GI protective medication has been established and the request is partially certified to comply with referenced guidelines daily dose recommendations. The request for cyclobenzaprine 7.5 mg #180 was partially certified to #30 with 2 refills as no exceptional factors are noted in the documentation submitted to consider this request as outlier to the guidelines. The medical necessity for continued use of cyclobenzaprine has not been established. Partial certification of the request is recommended with approval of quantity #30 to allow for tapering and discontinuation. The request for LidoPro ointment was not certified as there is no documentation submitted to indicate that this patient has not responded to or is intolerant to other treatments. The request for retrospective comprehensive metabolic panel was not certified as there is no mention of nonsteroidal anti-inflammatory drug use in this patient. None of the lists of tests are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG CAPSULES QUANTITY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 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 NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events. Therefore, the medical necessity of Omeprazole has not been established and is not medically necessary and appropriate .

CYCLOBENZAPRINE 7.5MG QUANTITY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants - Cyclobenzaprine, Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

Decision rationale: According to the guidelines, antispasmodic such as Cyclobenzaprine is used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course.

The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity for Cyclobenzaprine is not established.

LIDOPRO OINTMENT 4OZ QUANTITY: 3.00: Upheld

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

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

Decision rationale: The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish that there is any neuropathic pain in this patient. Furthermore, guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request of Lidopro is not medically necessary and is not medically necessary and appropriate.

RETROSPECTIVE COMPREHENSIVE METABOLIC PANEL QUANTITY: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Metabolic panel <http://www.nlm.nih.gov/medlineplus/medlineplus.html> <http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm>.

Decision rationale: CA MTUS and ODG do not discuss the issue in dispute. Comprehensive Metabolic Panel may be considered medically necessary under certain criteria; i.e. when there is a history of pre-existing condition (i.e. renal failure, hepatitis) requiring periodic testing, or when there is clinical evidence of metabolic disorder such as leg edema / jaundice or when the patient is taking medications that are nephrotoxic or hepatotoxic. The above criteria are not met in this case and thus the request is considered not medically necessary and is not medically necessary and appropriate.