

Case Number:	CM14-0030855		
Date Assigned:	06/20/2014	Date of Injury:	12/22/2011
Decision Date:	08/29/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine 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:

This patient is a 40 y/o female who has developed a chronic musculoskeletal pain in several areas secondary to cumulative injury dated 12/22/11. She has been diagnosed with chronic cervical, thoracic and lumbar pain. In addition, she also has been diagnosed with bilateral shoulder rotator cuff tears with impingement and lunate collapse (Kienbock's disease) based on continued wrist pain and positive CAT scan findings. Surgery has been recommended for the wrist and right shoulder. She has been treated with physical therapy and oral analgesics consisting of Norco 5mg. BID. The review of systems from the primary treating physician notes that there is no gastritis. A completed Internal Medicine consultation noted that there were no gastrointestinal problems or diagnosis. She has been returned to work on a modified basis. There is no evidence of medication misuse. Urine drug screens have been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of cyclobenzaprine cream 60 gm with 5 refills: 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): 113.

Decision rationale: MTUS Guidelines specifically state that topical muscle relaxants are not supported or recommended. There are no unusual circumstances to justify an exception to Guideline recommendations. The request for topical Cyclobenzaprine is not medically necessary.

One prescription of Norco 5 mg with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines support the appropriate use of opioids if use is minimal and it supports functional activities. It is clearly documented that the Hydrocodone use is minimal with only 5mg utilized twice a day as needed. It is also documented that she has returned to work on a limited basis. Under these circumstances, the continued use of Hydrocodone 5mg. BID (#60 with 5 refills) is consistent with Guidelines and is medically necessary.

One prescription of Prilosec 20 mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI risk factors Page(s): 68.

Decision rationale: MTUS Guidelines only support the use of proton pump inhibitors (PPI's) such as Prilosec if there are certain GI risks or diagnosis. The treating physician has not documented these conditions. The treating physician's review of systems states there is no gastritis even though there is a check mark in the narrative that states it is used for gastritis. In addition, a comprehensive Internal Medicine consultation reviewed and did not document and gastrointestinal condition. These are not benign mediations and long term use increases the risk of hip fractures, lung infections and biological metal dysregulation. The request for Prilosec 20mg. #30 with 5 refills is not medically necessary.

One follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89, 90, 91, Chronic Pain Treatment Guidelines Opioids recommended follow up Page(s): 79.

Decision rationale: MTUS Guidelines support the appropriate follow up of patients that have chronic conditions and/or utilize Opioids on a long term basis. In addition, it is clearly documented that surgery has been recommended for this patient and it is reasonable for a primary treater to continue to periodically evaluate her, prescribe appropriate medications and co-ordinate the recommended surgeries when and if she decides to go thru with them. A follow up visit is medically necessary.