

Case Number:	CM14-0030976		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2003
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 46 year old male who sustained an injury on 06/26/03. No specific mechanism of injury was noted. Rather, this was a repetitive use injury. The injured worker is noted to have had a prior cervical fusion as well as procedures performed at the right shoulder in 2005. Subsequent procedures for the right shoulder were completed in 2012. The injured worker had been followed by a treating physician for pain management. The clinical report on 01/27/14 was handwritten and somewhat difficult to interpret due to handwriting and copy quality. The injured worker continued to describe pain in the right wrist radiating up towards the cervical spine. Physical examination noted well-healed incisions in the cervical region with full range of motion. There was tenderness to palpation at the paraspinals. Positive Tinel's and Phalen's signs were noted. The injured worker was recommended to utilize a transcutaneous electrical nerve stimulator (TENS) unit. The injured worker was also continued on compounded creams. There was a recent drug screen from 02/06/14 noting positive findings for Oxycodone. The injured worker was recommended for continuing trigger point injections for ongoing muscular spasms. The requested Prilosec 20mg, quantity 90, Flurbiprofen 30 grams, and Doral 15mg, quantity 60 were all denied by utilization review on 02/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and cardiovascular risk. Page(s): 68-69.

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 use of Prilosec 20mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Flurbiprofen 30 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

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

Decision rationale: In regards to the request for Flurbiprofen 30 grams, this appears to be a request for topical Flurbiprofen. The clinical documentation provided for review did not indicate whether the injured worker had reasonably failed trials of oral anti-inflammatories or indications of intolerance or other side effects. Per guidelines, topical use of anti-inflammatories is largely considered experimental and investigational as there is limited evidence in the clinical literature establishing that the use of topical anti-inflammatories is any more beneficial than over the counter anti-inflammatories or other standard oral anti-inflammatories. Given the limited clinical documentation provided for review to support this request, this reviewer would not have recommended this medication as medically necessary. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Doral 15 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 01/07/14) Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The medication Doral 15mg quantity 60 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use.