

<b>Case Number:</b>	CM14-0063963		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Nevada. 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 55-year-old female who was reportedly injured on May 4, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 27, 2014, indicated that there were ongoing complaints of low back pain and sleep issues. The physical examination demonstrated low back complaints and no specific physical examination findings were reported. Diagnostic imaging studies were not reported. Previous treatment included a psychiatric evaluation objectifying a depression. Multiple followup evaluations from a psychologist were noted. A request was made for multiple medications and was not certified in the pre-authorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10MG one tablet two times daily as needed for 30 days, 60 count, 5 refills.:** 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 Muscle relaxants Page(s): 41, 64 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured worker's date of injury and clinical presentation, there is no clinical data and the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Terocin 4%-4% adhesive patch, one patch every day as needed for 30 days , count 30 with 5 refills.:** 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 Page(s): 105, 112 of 127..

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.

**Ibuprofen 800MG one tablet every 4-6 hours as needed for 30 days, count 60 with 5 refills.:** 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 Page(s): 22 of 127..

**Decision rationale:** Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication, which has some indication for chronic low back pain. When noting the injured worker's diagnosis and signs/symptoms, a marked increase in the pain level (10/10), there is no clinical indication for the use of this medication as noted in the applicable guidelines. The efficacy or utility has not been established with medication.

**Omeprazole 20MG one capsule two times per day for 30 days, count 60 with 5 refills.:** 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 Page(s): 68 of 127.

**Decision rationale:** This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. There were no noted complaints relative to such a finding. Furthermore, with the discontinuance of the non-steroidal medication and the lack of complaints, there is no clinical indication for this medication.