

<b>Case Number:</b>	CM14-0090640		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/22/2005
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 records presented for review, indicate that this 54-year-old female was reportedly injured on August 22, 2005. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 26, 2014, indicated there were ongoing complaints of low back, neck, and right upper extremity pain. The neck pain appeared to be worse. Upper extremity weakness was also reported. The pain levels were described as 6/10. The physical examination demonstrated 5'8, 106 pound individual who was hypertensive (139/87). Tenderness to palpation in the posterior cervical spine and lumbar spine were noted. Diagnostic imaging studies objectified changes consistent with carpal tunnel release, a lipoma in the right wrist and a ganglion. The cervical spine studies noted multiple level disc protrusions. The degenerative changes were noted in lumbar spine. Electrodiagnostic studies were also reported to be normal. Previous treatment included lumbar fusion, medial branch blocks, radiofrequency ablation and multiple medications. A request was made for multiple medications and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Lorzone 750mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians and the American Pain Society.

**Decision rationale:** It is noted that this medication is not listed in the MTUS, ACOEM, or Official Disability Guidelines (ODG). A literature search found a, article referencing this medication in the treatment of low back pain. This is a muscle relaxant preparation indicated for the short-term treatment of skeletal muscle spasm. The long-term efficacy has not been established. Furthermore, when noting the current physical examination findings, there did not appear to be any efficacy with this preparation. Therefore, Lorzone 750mg, #60 is not medically necessary.

**Retrospective request: TN 1 Cream #120gm:** 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): 112.

**Decision rationale:** This is a topical compounded preparation containing multiple components. The current physical examination noted ongoing complaints of neck pain, and muscle spasm. The efficacy with the application of this preparation is not noted. Furthermore, as noted in the MTUS, when one component of the medication is not indicated, the entirety is not indicated. There was no specific neuropathic lesion noted in the cervical spine. Therefore TN 1 Cream #120gm would not be warranted and is not medically necessary.

**Retrospective request: Anti-inflammatory Cream per [REDACTED]:** 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): 111-112.

**Decision rationale:** The use of topical non-steroidal medications are indicated for those regions that lend themselves to the topical preparations (ankle, elbow, foot, knee and wrist) The exact location of the application of this medication is not outlined in the notes presented for review. Further, when noting the ongoing complaints of pain, this does not appear to be any efficacy with past use of this preparation. Continued use of this medication has not been established. Therefore Anti-inflammatory Cream per [REDACTED] is not medically necessary.

**Retrospective request: Prilosec 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The progress note reflected there were ongoing complaints of gastritis type symptomatology. Furthermore, it was noted that the plan included non-steroidal medications. In that this medication is indicated for those with complaints of gastroesophageal disease or required protectorates for non-steroidals and given the complaints, there was a clinical indication for this medication. As such, Prilosec 20mg #30 is determined to be medically necessary.