

Case Number:	CM13-0044961		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2012
Decision Date:	02/12/2015	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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:

The injured worker was injured 2/13/12. Clinic note from 11/14/12 patient reports 6/10 back lumbar radiculopathy which is unchanged. Medications include Norco, Flexeril, Prilosec and Medrox Patches and helps decrease her pain. Diagnoses include lumbar facet arthropathy, myofascial pain syndrome, chronic pain syndrome, lumbar radiculopathy. Plan is to continue with chronic pain medications and steroid injection at L5-S1. Never conduction study on 8/14/12 was normal. Lumbar MRI on 9/24/12 showed L4-S1 degenerative disc disease with moderate canal stenosis. She has undergone a transforaminal epidural injection at L5 and S1 levels bilaterally on 6/20/13. According to 9/24/13 clinic visit with treating provider, the ESI provided 80-100 percent relief. Medications decrease pain from 6 to 3/10. At that time physical exam showed negative straight leg raise and positive facet loading. Plan is recommend medial branch block. 10/7/13 MRI showed mild to moderate rotator cuff tendinosis and tear of supraspinatus tendon of the left shoulder. Exam on 12/4/13 the patient presents with 7-8/10 lower back pain with numbness down both legs. On exam has limited ROM of both shoulders and palpation tenderness to left lower lumbar facet region. Diagnosis is herniated disc of lumbar spine and facet arthropathy. Plan is to pursue medial branch block at L4-S1, follow-up with pain management, orthopedic and pain psychologist evaluation. Medial branch block at L4-5 and L5-S1 on 12/11/13 without complication. She has also undergone a course of acupuncture and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

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

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record, the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. Considering lack of documented necessity, the medication is not medically necessary and appropriate.

Cyclobenzaprine (Flexeril) 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines flexeril provides no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically is not medically necessary and appropriate.

Terocin Patches #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. The request is not medically necessary and appropriate.

