

Case Number:	CM14-0128052		
Date Assigned:	08/15/2014	Date of Injury:	05/30/2014
Decision Date:	01/27/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 Emergency 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 is a 22-year-old female, who sustained an injury on May 30, 2014. The mechanism of injury is not noted. Treatments have included: medications, physical therapy. The current diagnoses are: left knee sprain, lumbar strain, lumbar radiculopathy, left shoulder strain/tendonitis. The stated purpose of the request for Flurbiprofen (15%), Gabapentin (10%), and Cyclobenzaprine (2%) 240grams for 30days supply was not noted. The request for Flurbiprofen (15%), Gabapentin (10%), and Cyclobenzaprine (2%) 240grams for 30days supply was denied on August 5, 2014, citing a lack of documentation of guideline-support. The stated purpose of the request for Anaprox/naproxen 550mg #60 was not noted. The request for Anaprox/naproxen 550mg #60 was denied on August 5, 2014, citing a lack of documentation of the injured worker's inability to take OTC medications. The stated purpose of the request for Protonix/Pantoprazole DR 20mg #60 was not noted. The request for Protonix/Pantoprazole DR 20mg #60 was denied on August 5, 2014, citing a lack of documentation of GI symptoms. Per the report dated July 21, 2014, the treating physician noted complaints of pain to the left knee, shoulders, low back and neck. Exam shows positive bilateral straight leg raising tests, tender lumbar spasms, and tender SI joints bilaterally, tender bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (15%), Gabapentin (10%), Cyclobenzaprine (2%) 240grams for 30days supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70,111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

Decision rationale: The requested Flurbiprofen (15%), Gabapentin (10%), Cyclobenzaprine (2%) 240grams for 30days supply, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. The injured worker has pain to the left knee, shoulders, low back and neck. The treating physician has documented shows positive bilateral straight leg raising tests, tender lumbar spasms, and tender SI joints bilaterally, tender bilateral shoulders. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Flurbiprofen (15%), Gabapentin (10%), Cyclobenzaprine (2%) 240grams for 30days supply is not medically necessary.

AnaproxDS/naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Anaprox/naproxen 550mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has pain to the left knee, shoulders, low back and neck. The treating physician has documented shows positive bilateral straight leg raising tests, tender lumbar spasms, and tender SI joints bilaterally, tender bilateral shoulders. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, duration of use, nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox/naproxen 550mg #60 is not medically necessary.

Protonix/Pantoprazole DR 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

Decision rationale: The requested Protonix/Pantoprazole DR 20mg #60 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has pain to the left knee, shoulders, low back and neck. The treating physician has documented shows positive bilateral straight leg raising tests, tender lumbar spasms, and tender SI joints bilaterally, tender bilateral shoulders. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Protonix/Pantoprazole DR 20mg #60 is not medically necessary.