

Case Number:	CM15-0006018		
Date Assigned:	01/20/2015	Date of Injury:	09/15/2008
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31- year old female, who sustained an industrial injury on September 15, 2008. She has reported injury to the right shoulder, neck and lower back. The diagnoses have included cervical and lumbar sprain, neck sprain and pain in the joint involving the shoulder region. Treatment to date has included pain medications to include topical medications, anti-inflammatory medications, gastrointestinal prophylaxis medications, physical therapy, and routine monitoring. Currently, the IW complains of sharp right shoulder pain after writing that was rated eight on a scale of ten. Colder weather intensified pain. The worker also complained of difficulty sleeping. Physical exam was remarkable for bilateral tenderness and spasms of the cervical spine and the trapezius muscles. There was decreased range of motion of the cervical spine and lumbar spine. There was decreased sensory in the right ulnar distribution. On December 16, 2014, the Utilization Review decision non-certified a request for Naproxen 500mg, count 60, Prilosec DR 20mg, count 30, Flexeril 7.5mg, count 60, Lidocaine patches and Ketoprofen cream, quantity 2, noting that for Naprosyn and Flexeril to be considered long-term there needs to be evidence of functional benefit as a result of the medication. Prilosec was non-covered because there was not documentation that reflected the worker had gastrointestinal complaints. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Naproxen 500mg, count 60, Prilosec DR 20mg, count 30, Flexeril 7.5mg, count 60, Lidocaine patches and Ketoprofen cream, quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxyn 500mg, Qty. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

Prilosec DR 20mg, Qty.30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Flexeril 7.5mg, Qty.60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation

available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

Lidocaine patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Regarding request for lidocaine patches, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain that has failed first-line therapy recommendations. In light of the above issues, the currently requested lidocaine patches are not medically necessary.

Ketoprofen creme Qty.2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Regarding the request for ketoprofen cream, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis.' Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient given the MTUS recommendations against the topical use of this medication. Given all of the above, the requested ketoprofen cream is not medically necessary.