

Case Number:	CM15-0006049		
Date Assigned:	01/26/2015	Date of Injury:	06/18/2012
Decision Date:	04/21/2015	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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51 year old male, who sustained an industrial injury on June 18, 2012. The injured worker has reported neck, back and shoulder pain. The diagnoses have included cervical spine sprain/strain, left shoulder sprain/strain, right knee pain, depression and anxiety. Treatment to date has included pain medications, a nerve conduction velocity study, chiropractic treatments, acupuncture treatments, shockwave therapy, psychological evaluation and MRI'S of the cervical spine, lumbar spine, brain and left shoulder. Current documentation dated November 10, 2014 notes that the injured worker reported cervical, thoracic, lumbar and left shoulder pain. Physical examination revealed tenderness to the affected areas. The injured worker reported that Naproxen helps the pain, however he ran out of the pain medication a few weeks prior. Plan of treatment included medication refills. On December 16, 2014 Utilization Review non-certified requests for Naproxen 550 mg # 60, Prevacid 30 mg # 30, Flector 1.3 % patches # 60 and Flurbuprofen 30%, Lidocaine 10% 240 mg. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of Naproxen 550 mg # 60, Prevacid 30 mg # 30, Flector 1.3 % patches # 60 and Flurbuprofen 30%, Lidocaine 10% 240 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: NSAID's are recommended as a second-line treatment after acetaminophen for exacerbations of chronic back pain. There is no evidence that the IW had an adequate trial of acetaminophen. The NSAID is not medically necessary and appropriate at this time.

Prevacid 30mg #30: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The indication for proton pump inhibitor use is intermediate or high risk of GI side effects. The risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and or high dose/multiple NSAID. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary or appropriate at this time.

Flector patches 1.3% #60: 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, Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: Topical NSAID's are indicated if systemic NSAID's are not tolerated due to side effects or medication interactions. There is no indication in the records that the IW had intolerance of systemic NSAID's. Additionally, Flector is FDA approved for topical treatment of acute pain due to sprains, strains and contusions. The request is not medically necessary and appropriate at this time.

Flubiprofen/Lidocaine 240gm: 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): 111-113.

Decision rationale: Topical NSAID's are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not medically necessary and appropriate at this time.