

Case Number:	CM15-0106293		
Date Assigned:	06/10/2015	Date of Injury:	06/01/2014
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33-year-old female, who sustained an industrial injury on 6/01/2014, because of repetitive motions while working as a waitress. She reported pain in her cervical spine and bilateral wrists. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain, bilateral shoulder arthralgia, and bilateral wrist sprain/strain. Treatment to date has included diagnostics, chiropractic, and medications. On 1/12/2015, the injured worker complained of upper back pain (rated 6/10), with radiation to her bilateral shoulders, right greater than left, bilateral wrist pain (rated 7-8/10), with radiation to the bilateral hands and fingers, associated with numbness, tingling, weakness, and swelling, low back pain (rated 4/10), with radiation to the right knee, and headaches due to tension from work stress. Her current medications included Aleve and no gastrointestinal symptoms were described. She was prescribed Naproxen, Prilosec, Fexmid, and transdermal compounds. On 3/25/2015, the injured worker complained of upper back pain (rated 6/10), with radiation to the bilateral shoulders and elbows, right greater than left, bilateral wrist pain (rated 7-8/10), radiating to the bilateral hands and fingers, with numbness, tingling, weakness, and swelling, low back pain (rated 4/10), with radiation to the right knee, and headaches, associated with tension due to work stress. Physical exam noted tenderness to palpation on the anterior chest bilaterally, cervical paraspinals and upper trapezius muscles bilaterally, and spinous processes from C2 through C7. There was tenderness to palpation and spasms on the pectoralis, upper trapezius muscles bilaterally, and right biceps, triceps, and clavicle. There was also tenderness to palpation on the thenar eminence and carpal bones bilaterally, along with the metacarpophalangeal joint of the thumb, second,

third, fourth and fifth digits bilaterally. Multiple x-rays (bilateral shoulders, bilateral wrists, and bilateral hands) were documented as unremarkable. Her work status was total temporary disability. She was prescribed a refill of medications, noting Naproxen and transdermal analgesic compounds. She was to discontinue Cyclobenzaprine due to excessive sleepiness and was started on Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 DOS: 3/2/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 33 year old female has complained of neck pain, wrist pain, shoulder pain and upper back pain since date of injury 6/1/14. She has been treated with chiropractic therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Cyclobenzaprine 2% Flurbiprofen 25% 180gm DOS: 1/12/15: Upheld

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

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

Decision rationale: This 33 year old female has complained of neck pain, wrist pain, shoulder pain and upper back pain since date of injury 6/1/14. She has been treated with chiropractic therapy and medications. The current request is for Cyclobenzaprine 2% Flurbiprofen 25% 180gm DOS: 1/12/15. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. Based on the MTUS guidelines cited above, Cyclobenzaprine 2% Flurbiprofen 25% 180gm DOS: 1/12/15 is not indicated as medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethrophan 10% 180gm DOS: 1/12/15: Upheld

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

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

Decision rationale: This 33 year old female has complained of neck pain, wrist pain, shoulder pain and upper back pain since date of injury 6/1/14. She has been treated with chiropractic therapy and medications. The current request is for: Gabapentin 15%, Amitriptyline 4%, Dextromethrophan 10% 180gm DOS: 1/12/15. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabapentin 15%, Amitriptyline 4%, Dextromethrophan 10% 180gm DOS: 1/12/15 is not indicated as medically necessary.