

Case Number:	CM15-0169274		
Date Assigned:	09/10/2015	Date of Injury:	03/02/2014
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 36 year old female who sustained an industrial injury on 3-2-14 as she was pulling an item from a bed she felt right shoulder pain which has spread to her upper back, neck, mid-back. Diagnoses include cervical sprain, strain; sleep disturbances due to pain; shoulder joint pain; thoracic sprain, strain; depression; right shoulder sprain, rule out rotator cuff injury, rule out sciatica. She currently complains of increased right shoulder pain worse with activity; neck pain that is intermittent and radiating to the bilateral scapula area with right upper extremity paresthesias and a pain level of 6-7 out of 10. On physical exam of the cervical spine there was tenderness to palpation with decreased range of motion, spasms. Diagnostics include electromyography, nerve conduction study of bilateral upper extremities (7-28-15) with abnormal results; MRI right upper extremity (4-3-15) showing moderate rotator cuff tendinosis, bursitis, degenerative changes; MRI of the cervical spine (4-3-15) showing degenerative disc disease. Prior treatments include medications (current): naproxen, cyclobenzaprine, LidoPro, omeprazole, Lunesta with no documentation noted of the effect of the medications or the length of time she has been taking the medications, the earliest date available was 3-4-15; transcutaneous electrical nerve stimulator unit; home exercise program; physical therapy times 8 without benefit. In the progress note dated 8-13-15 the treating provider's plan of care included requests to refill LidoPro cream, naproxen, and omeprazole. The request for authorization dated 8-13-15 requested naproxen 550mg #60; omeprazole 20mg #80; LidoPro cream 121 grams. On 8-20-15 utilization review non-certified the request for naproxen; omeprazole; LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement with the current dose of NSAID. While the utilization reviewer notes that NSAIDs are not recommended for long-term use, in this specific injured worker there is no report of side-effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is standard minimal, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time.

Omeprazole 20mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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 and 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. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommended that it be used at the lowest dose for the shortest possible amount of time. Considering lack of documented necessity, the medication is not medically necessary at this time.

Lidopro cream 121 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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. Consequently, continued use of the above listed compounded agent is not medically necessary at this time.