

Case Number:	CM15-0188862		
Date Assigned:	09/30/2015	Date of Injury:	08/05/1999
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency 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 49 year old female, who sustained an industrial injury on 8-5-99. The injured worker is being treated for status post arthroscopic subacromial decompression of left shoulder, status post open subacromial decompression of right shoulder, status post open decompression of right shoulder, bilateral upper extremity overuse tendinitis, C5-6 disc herniation with intermittent radiculopathy, lumbar sprain-strain and fibromyalgia. X-rays of lumbar spine taken 8-19-15 revealed L5-S1 slightly retrolisthesis and significant narrowing, apparently a disc herniation and slight collapse of the L4-5 disc. Treatment to date has included right and left shoulder surgery, shoulder injections, oral narcotics and activity restrictions. On 8-19-15, the injured worker complains of aching pain in her neck rated 6 out of 10, pain in bilateral shoulders rated 5 out of 10 and bilateral elbow pain rated 5 out of 10. She is currently retired. Physical exam performed on 8-19-15 revealed tenderness to palpation in paraspinous musculature of lumbar region on right, midline tenderness in lumbar spine, muscle spasm over the lumbar spine and restricted range of motion of lumbar spine. On 8-19-15 a request for authorization was submitted for Prilosec 20mg #60, injection of Depo Medrol and Kenalog and Flurbiprofen-Diclofenac-Gabapentin-Lidocaine 10%-10%-10%-5% cream #180gm. On 9-4-15 request for Prilosec 20mg #60, injection of Depo Medrol and Kenalog and Flurbiprofen-Diclofenac-Gabapentin-Lidocaine 10%-10%-10%-5% cream #180gm was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg one (1) BID #60: 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: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Prilosec/Omeprazole is not medically necessary.

Flurbiprofen/Diclofenac/Gabapentin/Lidocaine 10%/10%/10%/5% cream #180gm: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. This substance also contains diclofenac, another NSAID. It is unclear why this provider requested 2 NSAIDs in one product. This increases risk of overdose. Flurbiprofen is not medically necessary. 2) Diclofenac: This is an NSAID. See flurbiprofen. 3) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 4) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. Patient has no documented treatment failure. This is not an FDA approved formulation of lidocaine. Not recommended. Not a single component is recommended. This topical product is not medically necessary.

Injection of 1cc Depo Medrol and 2cc Kenalog: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Injection with anaesthetics and/or steroids, Pain: Oral Corticosteroids.

Decision rationale: As per MTUS ACOEM guidelines, intramuscular injections of corticosteroids are rarely indicated except after failure of conservative care. As ODG, systemic steroids are not indicated for chronic pain. There is no rationale for giving this patient systemic steroids. There is documentation of any conservative care attempted. The request is not medically necessary.