

Case Number:	CM15-0191229		
Date Assigned:	10/05/2015	Date of Injury:	04/01/2013
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 41 year old female who sustained an industrial injury on 04-01-2013. Medical records indicated the worker was treated for chronic neck, low back, and shoulder pain. In the provider notes of 04-30-2015, the injured worker complains of cervical spine pain rated a 6 on a scale of 1-10, bilateral shoulder pain rated 5-6 on a scale of 1-10, and Lumbar spine pain rated a 6 on a scale of 1-10 with right more than left leg weakness. On exam of the cervical spine, there is tenderness to palpation about the cervical spine, bilateral upper trapezius and paravertebral muscles. There are trigger points of the upper trapezius. Neurological examination for sensation to light touch is normal. Shoulders have healed scars from a prior left shoulder surgery and there is tenderness to palpation along the acromioclavicular joints bilaterally. Impingement test, and drop arm test are both positive on the right. In the lumbar spine, there is tenderness to palpation about the lumbar paravertebral muscles and bilateral sacroiliac joints. There is muscle spasm in the quadratus lumborum muscles. Sensation to pinprick and light touch is normal bilaterally. Motor power is normal and symmetrical in all major muscle groups of the lower extremities. Straight leg raising test is negative to 65 degrees bilaterally in the sitting and supine positions. The worker has been taking Tylenol for pain. Voltaren extended release was ordered as was Norco, Prilosec, and Flurbiprofen cream. Chiropractic care was recommended, and a right shoulder arthroscopic exam is planned with physical therapy and acupuncture to be continued. A request for authorization was submitted for: 1. Retrospective request for 1 prescription for Flurbiprofen 25% in Lipoderm base 3 day supply between 04-30-2015 and 04-30-2015. 2. Retrospective request for 1 prescription for Flurbiprofen 25% in Lipoderm base 30 day supply between 04-30-2015 and 04-30-2015. 3. Retrospective request for 1 prescription for Omeprazole 20mg #30 between 04-30-2015 and 04-30-2015. A utilization review decision 09-02-2015 non-certified all three requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription for Flurbiprofen 25% in Lipoderm base 3 day supply: 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: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.

Retrospective request for 1 prescription for Flurbiprofen 25% in Lipoderm base 30 day supply: 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: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.

Retrospective request for 1 prescription for Omeprazole 20mg #30: 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: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such, the medical records do not support a medical necessity for omeprazole in the insured congruent with ODG. Therefore, the request is not medically necessary.