

Case Number:	CM15-0199345		
Date Assigned:	10/14/2015	Date of Injury:	03/30/2015
Decision Date:	11/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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:

This is a 37 year old male with a date of injury of March 30, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff sprain, shoulder sprain, lumbar spine sprain and strain, lumbar disc displacement, and lower extremity radicular syndrome. Medical records dated May 28, 2015 indicate that the injured worker complained of lower back pain radiating to the left leg and thoracic spine, and unchanged right shoulder pain radiating to the neck. A progress note dated August 20, 2015 documented complaints similar to those reported on May 28, 2015. Per the treating physician (August 20, 2015), the employee had work restrictions that included no lifting or pushing over ten pounds, no repetitive bending or stooping, no walking or standing in excess of 50% of the work shift, and no overhead lifting on the right. The physical exam dated May 28, 2015 reveals decreased range of motion of the lumbar spine, tenderness to palpation of the bilateral sacroiliac joints and L5-S1 spinous processes, positive Lasegue's bilaterally, decreased range of motion of the right shoulder, tenderness to palpation of the anterior shoulder and posterior shoulder, and Neer's and Hawkin's could not be performed. The progress note dated August 20, 2015 documented a physical examination that showed no changes since the examination performed on May 28, 2015. Treatment has included medications (Motrin 800mg once daily, Prilosec 20mg twice a day, and Flurbi (NAP) Cream-LA since at least April of 2015). The original utilization review (October 5, 2015) non-certified a request for Prilosec 20mg #60, Flurbi (NAP) Cream-LA 180gm, and Motrin 800mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The requested Prilosec 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and "recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has decreased range of motion of the lumbar spine, tenderness to palpation of the bilateral sacroiliac joints and L5-S1 spinous processes, positive Lasegue's bilaterally, decreased range of motion of the right shoulder, tenderness to palpation of the anterior shoulder and posterior shoulder, and Neer's and Hawkin's could not be performed. The progress note dated August 20, 2015 documented a physical examination that showed no changes since the examination performed on May 28, 2015. The treating physician has not documented medication-induced GI complaints or GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg #60 is not medically necessary.

Flurbi Nap Cream-LA 180g: Upheld

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

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

Decision rationale: The requested Flurbi Nap Cream-LA 180g is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has decreased range of motion of the lumbar spine, tenderness to palpation of the bilateral sacroiliac joints and L5-S1 spinous processes, positive Lasegue's bilaterally, decreased range of motion of the right shoulder, tenderness to palpation of the anterior shoulder and posterior

shoulder, and Neer's and Hawkin's could not be performed. The progress note dated August 20, 2015 documented a physical examination that showed no changes since the examination performed on May 28, 2015. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbi Nap Cream-LA 180g is not medically necessary.

Motrin 800mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

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

Decision rationale: The requested Motrin 800mg #30 is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has decreased range of motion of the lumbar spine, tenderness to palpation of the bilateral sacroiliac joints and L5-S1 spinous processes, positive Lasegue's bilaterally, decreased range of motion of the right shoulder, tenderness to palpation of the anterior shoulder and posterior shoulder, and Neer's and Hawkin's could not be performed. The progress note dated August 20, 2015 documented a physical examination that showed no changes since the examination performed on May 28, 2015. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has documented evidence of continued inflammatory conditions. The criteria noted above having been met, Motrin 800mg #30 is medically necessary.