

Case Number:	CM15-0048153		
Date Assigned:	03/20/2015	Date of Injury:	01/03/2005
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 55 year old male, who sustained an industrial injury on 1/3/05. He reported pain in the neck and upper extremities due to a motor vehicle accident. The injured worker was diagnosed as having cervical degenerative disc disease, left shoulder labral tear and left shoulder humeral bone cyst. Treatment to date has included an EMG/NCV study, cervical MRI, left shoulder arthrogram and pain medications. As of the PR2 dated 2/15/15, the injured worker reports persistent 7/10 neck pain and numbness down the upper extremities. The treating physician noted decreased cervical range of motion and tenderness over the paraspinal muscles and mid-line spine. The treating physician requested Prilosec 20mg and Flurbiprofen/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine Cream (20 Percent/5 Percent) 180 gram: 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 - 130.

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Considering the employee's diagnosis of neck and shoulder pain, and that topical flurbiprofen is not indicated for treatment of these joints, flurbiprofen is not medically necessary. Regarding topical lidocaine, MTUS states (p112) "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995). " Lidocaine is not medically necessary. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Overall, this request for flurbiprofen/lidocaine cream is not medically necessary.

Prilosec (Omeprazole 20 MG) Caps #60 1 Cap by Mouth Twice Daily with No Refill:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68 - 69.

Decision rationale: I respectfully disagree with the UR physician. The prior review stated that the injured employee did not have any complaints of gastric upset. Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The progress note dated March 4, 2015 indicates that the injured employee has gastric upset with the usage of motion. This request for Prilosec is medically necessary.