

Case Number:	CM15-0051953		
Date Assigned:	03/25/2015	Date of Injury:	07/29/2014
Decision Date:	05/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: Physical Medicine & Rehabilitation

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 39-year-old male who reported an injury on 07/29/2014. The mechanism of injury was not specifically stated. The current diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, left forearm fracture, left clavicle fracture, and left knee sprain/strain. The injured worker presented on 03/12/2015 for a follow-up evaluation with complaints of 8/10 pain. The injured worker was utilizing fenoprofen 400 mg, Norco 10/325 mg, cyclobenzaprine 7.5 mg, and Menthoderm gel. In addition, the injured worker was participating in a home exercise program. TENS therapy and acupuncture had also been attempted. There was no comprehensive physical examination provided on that date. The injured worker was issued a refill of the current medication regimen, as well as a prescription for LidoPro cream. A Request for Authorization form was then submitted on 03/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121 gm #4 fl oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines do not recommend lidocaine in the form of a cream, lotion, or gel. Topical analgesics are recommended for neuropathic pain when there is evidence of a failure of first line treatment with antidepressants and anticonvulsants. In this case, there was no documentation of a failure to respond to first line oral medication prior to initiation of a topical analgesic. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Omeprazole 20 mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There was also no documentation of a written consent or agreement or chronic use of an opioid. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

Soma 350 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain for short term treatment of acute exacerbations of chronic pain. Soma should not be used for longer than 2 to 3 weeks. In this case, it is noted that the injured worker has continuously utilized the above medication for an unknown duration. The guidelines would not support long term use of this medication. There was also no comprehensive physical examination provided on the requesting date. The medical necessity of the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.