

Case Number:	CM15-0052512		
Date Assigned:	03/26/2015	Date of Injury:	01/08/2011
Decision Date:	05/13/2015	UR Denial Date:	02/20/2015
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 reported an injury on 10/29/2010. The mechanism of injury was not specifically stated. The current diagnoses include status post hernia repair, lumbar sprain/strain, and hip pain. The injured worker presented on 02/03/2015 for a follow-up evaluation with complaints of persistent lower back pain rated 7/10. Upon examination, the provider noted a decrease in lumbar extension/flexion. Recommendations at that time included continuation of the home exercise program and the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen 550 MG #60 with 2 Refills DOS 2/20/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it was noted that the injured worker was utilizing fenoprofen. The medical necessity for 2 separate NSAIDs has not been established. The guidelines do not support long term use of NSAIDs; therefore, the request for 2 refills of naproxen would not be supported. There was also frequency listed in the request. As such, the request is not medically appropriate.

Retro Lidopro Cream 121 Gram with 2 Refills DOS 2/20/15: Upheld

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

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

Decision rationale: California MTUS Guidelines state lidocaine is not recommended in the form of a cream, lotion, or gel. Therefore, the request for a LidoPro cream cannot be determined as medically appropriate. In addition, there was no frequency listed in the request. Given the above, the request is not medically appropriate.

Retro Cyclobenzaprine 7.5 MG DOS 2/20/15: 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: The California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. In addition, the California MTUS Guidelines do not support long term use of this medication. There was also no frequency listed in the request. Therefore, the request is not medically appropriate.

Retro Gabapentin 300 MG #60 with 2 Refills DOS 2/20/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. It was noted that the injured worker was issued a prescription for gabapentin on 02/03/2015. However, there was no evidence of neuropathic pain upon examination. There is also no frequency listed in the request. As such, the request is not medically appropriate.