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| Case Number: | CM15-0052552 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 09/29/2014 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/03/2015 |
| 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 25-year-old male who reported an injury on 09/29/2014. The injured worker reportedly sustained a right middle finger laceration while cutting branches. The current diagnoses include shoulder strain/sprain, rib strain/sprain and finger laceration without complication. The injured worker presented on 02/12/2015 for a follow-up evaluation with complaints of 7/10. The injured worker also reported difficulty performing right shoulder range of motion. Upon examination, there was tenderness to palpation over the right shoulder with decreased range of motion and a positive O'Brien's test. Recommendations included a TENS trial, an x-ray of the right shoulder, continuation of the home exercise program and prescriptions for naproxen 550 mg, omeprazole 20 mg, cyclobenzaprine 7.5 mg and LidoPro ointment. A Request for Authorization form was then submitted on 02/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. A 1 month trial is recommended prior to a unit purchase. In this case, it was noted that the injured worker was issued a prescription for a TENS trial in 12/2014. It is unclear whether the injured worker has participated in a 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically necessary at this time.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: 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. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: 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 nonsedating 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. It is also noted that the injured worker was issued a prescription for cyclobenzaprine 7.5 mg in 12/2014. Guidelines do not support long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

Lidopro ointment: 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 topical lidocaine is not recommended in the form of a cream, lotion or gel. It has been recommended in the form of a dermal patch for neuropathic pain and peripheral neuropathy. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. In addition, there was no frequency or quantity listed in the request. As such, the request is not medically necessary.