

Case Number:	CM15-0053767		
Date Assigned:	03/27/2015	Date of Injury:	02/03/2010
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Florida
 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 49 year old male, who sustained an industrial injury on 2/3/2010. Diagnoses have included headache, multilevel disc herniations of the cervical spine, facet arthropathy of the cervical spine and cervical stenosis. Treatment to date has included acupuncture, chiropractic treatment and medications. According to the Primary Treating Physician's Progress Report dated 2/4/2015, the injured worker complained of stabbing pain in his neck that radiated into his bilateral shoulder blades. He reported pain in the right side of his neck which radiated up into his head. He continued to complain of insomnia and electrical shocking pain in his right arm which radiated from his elbow into his wrist. Physical exam revealed diffuse tenderness to palpation of the cervical spine with spasms and decreased range of motion. Authorization was requested for Ultracet, Flexeril, Prilosec and LidoPro cream. The IW is also utilizing OTC Advil and aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterTopical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings of diagnosis of neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The guidelines recommend that topical medications be tried and evaluated individually. The LidoPro cream contains lidocaine 4.5% / capsaicin 0.0325% / salicylate 27.5% / menthol 10%. There is lack of guidelines support for the use of salicylate and menthol for the long-term treatment of chronic pain. The criteria for the use of LidoPro ointment were not met. Therefore, 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 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMuscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized muscle relaxants longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing opioids concurrently. The criteria for the use of cyclobenzaprine 7.5mg #60 were not met. Therefore, the request is not medically necessary.

Omeprazole 20 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications. The records indicate that the patient reported significant OTC NSAIDs induced gastric upsets that is controlled with utilization of omeprazole. The patient is also utilizing

aspirin concurrently further increasing the need for prophylactic treatment with omeprazole. The criteria for the use of omeprazole 20mg #60 were met. Therefore, the request is medically necessary.