

Case Number:	CM15-0056016		
Date Assigned:	04/01/2015	Date of Injury:	03/18/2013
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 was a 45 year old female, who sustained an industrial injury, March 18, 2013. The injured worker previously received the following treatments Motrin, Naprosyn, Prilosec, laboratory studies, sleep study, TENS (transcutaneous electrical nerve stimulator) unit, physical therapy, left foot surgery, massage therapy, iontophoresis and corticosteroid injections for planter fasciitis. The injured worker was diagnosed with lumbosacral neuritis and lumbago, plantar fasciitis left, synovitis of the calcaneal-cuboid joint on the right. According to progress note of March 4, 2015, the injured workers chief complaint was low back pain. The pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, standing and walking multiple blocks. The pain was described as sharp. The pain radiated down the lower extremities. The injured worker rated the pain as 8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted the paravertebral muscle tenderness with spasms. The seated nerve root test was positive. The lumbar flexion and extension had guarding and restriction. There was numbness and tingling to the lateral thigh, anterior lateral and posterior leg and foot as well, L5 S1 dermatomal patterns. The treatment plan included prescription renewals for Fenoprofen, Omeprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400 mg #120: Upheld

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

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

Decision rationale: The medical records provided for review support a condition of musculo-skeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of Fenoprofen for the insured as there is no indication of objective benefit in function. The request is not medically necessary.

Omeprazole 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such, the medical records do not support a medical necessity for omeprazole in the insured congruent with ODG. The request is not medically necessary.

Cyclobenzaprine HCL 7.5 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril Page(s): 41.

Decision rationale: MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such, the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. The request is not medically necessary.