

Case Number:	CM15-0056568		
Date Assigned:	04/01/2015	Date of Injury:	09/25/2014
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 41 year old female who reported headaches, eye pain, facial pain, neck pain, and blurred vision after a head contusion on 9/25/2014. Her diagnoses included head contusion, contusion of the face, cervical sprain/strain, right eye pain, hordeolum, myofascial pain, and right shoulder injury. Maxillofacial and brain computed tomography scans were performed on 9/25/14, for right-sided facial pain and headaches. The results were normal. There had been no loss of consciousness. Initial treatment was at an occupational medicine clinic, and included Lodine, physical therapy, a heating pad, Tylenol, and Flexeril. After she was discharged from care on 12/1/14 she began seeing a different primary treating physician. At the initial visit on 3/9/15, she was reporting headaches, neck pain, and blurred vision. The neck pain was reported to radiate to the right arm with numbness. No neurological changes were present. She was dispensed naproxen, sumatriptan, Flexeril, omeprazole, and Lidopro. MRIs were prescribed. The handwritten and partially legible report also mentions electrodiagnostic testing of the upper extremity. The work status was not listed. On 3/19/15 Utilization Review non-certified naproxen, Flexeril, omeprazole, Lidopro, a cervical spine MRI, and a brain MRI. Utilization Review noted that the requests were not consistent with the recommendations of the MTUS and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise from the prior use of non-steroidal anti-inflammatory agents (NSAIDs). Five medications were initiated simultaneously by the new primary treating physician, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. The treating physician did not address the prior history of prolonged NSAID prescriptions and reasons why a NSAID should be continued. Function was not addressed. The MTUS states that NSAIDs for arthritis are "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain". The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. This NSAID is not medically necessary based on the MTUS recommendations for medication trials, lack of specific functional and symptomatic benefit from prior NSAIDs, and prescription not in accordance with the MTUS and the FDA warnings.

Flexeril 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 cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months, by the prior primary treating physician and now the new primary treating physician. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prior prescribing of muscle relaxants. Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. Five medications were initiated simultaneously by the new primary treating physician, which is not recommended in the MTUS and which makes determination of benefits

and side effects nearly impossible. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. Proton pump inhibitors (PPIs) are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Lidopro cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include capsaicin, lidocaine, menthol, and methyl salicylate. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm". The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The

MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, and lack of medical evidence.

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8, imaging of the cervical spine and upper back Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. Based on the available physician reports, there is insufficient medical necessity to proceed with MRI of the cervical spine. The MTUS criteria for imaging of the spine are based on the presence of very good clinical evidence of significant pathology in the spine. Ongoing pain or non-specific radiating symptoms do not constitute a sufficient basis for performing an MRI. The MRI is not medically necessary based on the recommendations in the MTUS.

1 MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter: MRI (magnetic resonance imaging).

Decision rationale: This injured worker has had non-specific symptoms since the initial injury. The initial computed tomography (CT) was normal. The current primary treating provider (PTP) did not address the prior CT or note any significant changes since the CT. There were no past or

present neurological changes. The MTUS does not address MRI of the head. The Official Disability Guidelines citation above recommends an MRI: "To determine neurological deficits not explained by CT, To evaluate prolonged interval of disturbed consciousness, To define evidence of acute changes super-imposed on previous trauma or disease". None of these conditions were met in this case. The MRI is therefore not medically necessary.