

Case Number:	CM15-0056730		
Date Assigned:	04/01/2015	Date of Injury:	12/18/2013
Decision Date:	05/07/2015	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: 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 46 year old male, who sustained an industrial injury on 12/18/2013. Diagnoses have included patellar tendonitis, knee sprain/strain and medial meniscus tear. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and medication. According to the Primary Treating Physician's Progress Report dated 12/22/2014, the injured worker complained of aching neck pain, mid back pain, low back pain, left leg pain and bilateral knee pain. He also complained of a pins and needle sensation. He complained of radiation of pain from the low back to the bilateral feet and weakness of the bilateral knees. Physical exam revealed decreased range of motion of the lumbar spine. The injured worker walked with an antalgic gait. There was tenderness to palpation of the medial joint line of the bilateral knees. Authorization was requested for Motrin, Prilosec and FluriFlex compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient complains of neck, midback, low back, left leg, and bilateral knee pain. The physician is requesting Prilosec 20 Mg, Quantity 60. The RFA was not made available for review. The patient's date of injury is from 12/18/2013 and he is currently on modified duty. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states: Determine if the patient is at risk for gastrointestinal events: 1. age > 65 years; 2. history of peptic ulcer, GI bleeding or perforation; 3. concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4. high dose/multiple NSAID e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. MTUS also states: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The records show that the patient was prescribed Prilosec on 09/15/2014. None of the reports from 09/15/2014 to 12/22/2014 document gastrointestinal issues or events. In this case, the routine use of PPIs is not supported by the MTUS Guidelines. The request Is Not medically necessary.

Fluriflex Compound Cream 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with neck, midback, low back, left leg, and bilateral knee pain. The physician is requesting Fluriflex Compound Cream 240 G. The RFA was not made available for review. The patient's date of injury is from 12/18/2013 and he is currently on modified duty. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states: Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. The records show that the patient was prescribed Fluriflex compound cream on 09/15/2014. Fluriflex cream is a combination for flurbiprofen 15% and cyclobenzaprine 10%. Cyclobenzaprine is currently not recommended in topical formulation based on the MTUS Guidelines. The request Is Not medically necessary.