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| Case Number: | CM15-0058779 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 07/25/2011 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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: Emergency 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 56-year-old male, who sustained an industrial injury on 07/25/2011. He has reported subsequent neck, low back and lower extremity pain and was diagnosed with other cervical fusion, anterior technique, lumbar and cervical intervertebral disc disorder and sciatica. Treatment to date has included oral, topical and injectable pain medication, physical therapy and lumbar support. In a progress note dated 02/13/2015, the injured worker complained of neck, bilateral shoulder, bilateral upper extremity, low back and lower extremity pain. Objective findings were notable for reduced range of motion of the cervical and lumbar spine, pain on examination of the lumbar spine and positive bilateral straight leg raise. A request for authorization of Flurbiprofen and Omeprazole was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% in 180 grams: Upheld

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

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

Decision rationale: The requested Flurbiprofen 20%/Tramadol 20% in 180 grams is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck, bilateral shoulder, bilateral upper extremity, low back and lower extremity pain. Objective findings were notable for reduced range of motion of the cervical and lumbar spine, pain on examination of the lumbar spine and positive bilateral straight leg raise. The treating physician has not documented trials of antidepressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20%/Tramadol 20% in 180 grams is not medically necessary.

Omeprazole 20mg po bid #30: 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: The requested Omeprazole 20mg po bid #30, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck, bilateral shoulder, bilateral upper extremity, low back and lower extremity pain. Objective findings were notable for reduced range of motion of the cervical and lumbar spine, pain on examination of the lumbar spine and positive bilateral straight leg raise. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use nor the medical necessity for twice a day dosage. The criteria noted above not having been met, Omeprazole 20mg po bid #30 is not medically necessary.