MAXIMUS Federal Services

Case Number:	CM15-0068039		
Date Assigned:	04/15/2015	Date of Injury:	10/27/2011
Decision Date:	07/03/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, West Virginia, Pennsylvania
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 57 year old male who sustained an industrial injury on 10/27/2011. The injured worker was diagnosed with cervical sprain, bilateral shoulder sprain, right shoulder full thickness tear, left shoulder rotator cuff tear, myofascial pain, right foot sprain, ankle surgery, anxiety and depression. Treatment to date includes diagnostic testing, surgery, physical therapy and medications. The injured worker underwent arthroplasty of the 4th metatarsal phalanges joint and the 3rd interspace neurectomy of the right foot on July 16, 2014. According to the primary treating physician's progress report on January 21, 2015, the injured worker continues to experience an increase in pain of both shoulders rated as 8-9/10 and requiring more medications than prescribed to feel a bit more comfortable. With self-increased doses the injured worker's stomach felt worse. His right ankle pain is rated at a 7/10. Examination of the cervical spine demonstrated tenderness to palpation of the cervical paravertebral and trapezius muscles with decreased range of motion, no evidence of radiating pain to the upper extremities or pain on maneuvers. Cervical compression and Spurling's test were negative. Examination of the shoulders demonstrated bilateral acromioclavicular joint and subacromial tenderness with positive Hawkin's and Neer's with greater weakness exhibited on the right shoulder musculature. The right foot was tender to touch with restricted and painful plantar flexion and dorsiflexion. Current medications are listed as Naproxen, Tramadol, Motrin, Flexeril and topical analgesics. Treatment plan consists of bilateral shoulder surgery; continue with home exercise program, and the current request for medication renewal of Flexion, Docuprene, Prilosec and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

Decision rationale: Guidelines recommend muscle relaxants with caution as a second line treatment option in treatment of acute exacerbations of chronic pain and for short term treatment only. In this case, the patient has been prescribed Flexeril long term and has reported only minimal improvement. The request for Flexeril 10 mg #60 is not medically appropriate and necessary.

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines recommend use of NSAIDs for treatment of pain. In this case, the patient is prescribed Naproxen for use of up to 4 times per day which exceeds the recommended maximum dose. The request for Naproxen 550 mg #120 is not medically appropriate and necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: Guidelines recommend PPIs for patients taking NSAIDs who are at increased risk for gi events. In this case, there is no documentation that this patient has risk factors for the development of gi events. The request for a PPI is not medically appropriate and necessary.

Docuprene 100mg #60: Upheld

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 Opioids Page(s): 74-96.

Decision rationale: Guidelines state that patients on opioids may require laxatives for treatment of constipation. In this case, there is no documentation that the patient is currently on opioids or that the patient has constipation. The request for docuprene 100 mg #60 is not medically appropriate and necessary.

GLFCMK Cream (Gabapentin f10%/ Lidocaine 10%/ Flurbiprofen 2%/ Cyclobenzaprine 2%/ Menthol 1%/ Ketamine 1%/ UltraDerm) 60 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: Guidelines state that topical analgesics are largely experimental and that compounds containing any agent that is not recommended is not recommended. In this case, topical gabapentin and cyclobenzaprine are not recommended. The request for GLFCMK cream is not medically appropriate and necessary.