

Case Number:	CM15-0086628		
Date Assigned:	05/11/2015	Date of Injury:	07/06/2014
Decision Date:	06/30/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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 46 year old female injured worker suffered an industrial injury on 07/06/2014. The diagnoses included right shoulder sprain/strain, wrist sprain/strain and left hand strain/sprain. The diagnostics included electromyographic studies. The injured worker had been treated with medications. On 1/30/2015 the treating provider reported left shoulder pain, left wrist, left hand pain. There was numbness and tingling of the right hand, left hand and wrist. The provider noted anxiety and stress. The treatment plan included FCL, Ibuprofen, Prilosec, and MAGNETIC RESONANCE IMAGING left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL 180mg, to be applied to the affected area, refill: unspecified: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." FCL is noted to be Flurbiprofen/Cyclobenzaprine/Lidocaine. 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Cyclobenzaprine is a muscle relaxant FDA approved for oral use only. It is not approved for topical application and there is no evidence to support topical use. Not necessary. 3) Lidocaine: Only FDA approved topical lidocaine is Lidoderm patches. It is recommended for neuropathic pain only. Patient does not meet any indication for use of lidocaine. Not necessary. Not a single component of this product is medically necessary.

Ibuprofen 600mg, 1 tablet by mouth every 8 hours as needed, qty #90, refill: unspecified:
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 NSAIDs(Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Ibuprofen or motrin is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. There is no documentation of any benefit from this medication. The number of tablets requested with number of refills is excessive and does not meet MTUS guidelines for close monitoring and/or short term use. This prescription for ibuprofen is not medically necessary.

Prilosec 20mg 1 tablet by mouth every morning, qty #30, refill: unspecified as an outpatient: 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 NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Omeprazole/prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Patient is currently on ibuprofen which is also not medically recommended. Omeprazole is not medically necessary.

1 Magnetic Resonance Imaging of the left shoulder as an outpatient.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient meets criteria for MRI. Pt has undergone conservative care of affected shoulder including medications and physical therapy with little progress. Patient has signs of impingement syndrome. MRI is medically necessary.