

Case Number:	CM14-0171972		
Date Assigned:	10/23/2014	Date of Injury:	10/13/2001
Decision Date:	11/25/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 10/13/01. A utilization review determination dated 10/14/14 recommends non-certification of Prilosec, Skelaxin, and Lidoderm. 8/29/14 medical report identifies low back pain. "She was provided with a trial of Skelaxin 800 mg #60. She states she has not received this to date. I reviewed her records and she is approved for #30 Skelaxin." She states the Norco and naproxen help reduce pain by over 50% and Prilosec eliminates GI complaints with the naproxen. She is able to perform ADLs with less pain. Ambien helps improve her sleep. On exam, there is tenderness and spasm. Medications were refilled. The patient is noted to be taking multiple medications including cyclobenzaprine and methocarbamol in addition to the current recommendation for Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no clear indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. The provider notes that "Prilosec eliminates GI complaints with the naproxen," but does not describe the patient's complaints or identify how often the medication is being used given that both naproxen and Prilosec are prescribed on a p.r.n. (as needed) basis. In light of the above issues, the currently requested Prilosec 20mg #30 is not medically necessary.

Skelaxin 800mg #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 8 C.C.R. 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Skelaxin, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it is noted that the patient has not yet started Skelaxin, but was authorized for #30. Additionally, it appears that other muscle relaxants (Methocarbamol and cyclobenzaprine) are also being utilized, but there is no rationale for the use of multiple medications of this type. Furthermore, there is no clear indication of an acute exacerbation of pain or a clear rationale for use beyond the short-term treatment recommended by the guidelines, given the pending #30 in addition to the current request for #60. In light of the above issues, the currently requested Skelaxin 800mg #60 is not medically necessary.

Lidoderm patch: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. In light of the above issues, the requested Lidoderm patch is not medically necessary.