

Case Number:	CM14-0198254		
Date Assigned:	12/08/2014	Date of Injury:	07/21/2013
Decision Date:	05/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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: Preventive Medicine, Occupational 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:

This 43-year-old man sustained an industrial injury on 7/21/2013. The mechanism of injury is not detailed. Diagnoses include sprain/strain of elbow, lesion of ulnar nerve, and sprain/strain of lumbar spine. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 10/15/2014 show complaints of left elbow and lumbosacral pain, stiffness, and weakness. Recommendations include Prilosec, topical medications, lumbosacral rehabilitation kit for home exercise program, and follow up in one month. Medications are office dispensed. No special exercise needs are identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Lumbar Spine Rehab Kit: 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 Physical Medicine Page(s): 98,99.

Decision rationale: MTUS Guidelines support an active approach to rehabilitation of the back, however the Guidelines specifically state that exercise aids are not medically necessary. Gravity and resistance exercises are generally adequate. There might be exceptions to this due to some particular physical limitations, but there is nothing documented that might qualify as a reasonable exception to the Guidelines. Under these circumstances, the DME: Lumbar Spine Rehab Kit is not medically necessary.

Cyclobenzaprine Cream 2% 60gm: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific in stating that only FDA/Guideline supported topicals are recommended. The Guidelines go on to specifically state that topical muscle relaxants are not recommended. Muscle relaxants work on the central nervous system and the rationale behind topical use is difficult to understand under any circumstances. The Topical Cyclobenzaprine Cream 2% 60gms is not supported by Guidelines and is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines support the use of PPIs (Prilosec) when there are particular risk factors associated with NSAID use of there is a reasonable connection with GI distress from medications. Under these circumstances, the Guidelines recommend a usual and customary dose of 20mg per day. It has been documented that Tramadol had been causing GI distress and was not providing any symptoms relief, which makes it reasonable to assume this, has been discontinued as it was ineffective. Ongoing GI distress has not been documented and there is no documentation to support double the usual and customary dose. These are not benign medications with long term use associated with increased fractures, infections and biological mineral dysregulation. The Prilosec is not supported by Guidelines and is not medically necessary.