

Case Number:	CM15-0119518		
Date Assigned:	06/30/2015	Date of Injury:	07/30/2013
Decision Date:	09/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Illinois

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 63 year old male sustained an industrial injury on 7/30/13. Treatment have included physical therapy, acupuncture, home exercise and medications. Magnetic resonance imaging lumbar spine (10/24/14) showed degenerative disc disease with facet arthropathy, disc protrusion and neuroforaminal narrowing. Magnetic resonance imaging cervical spine (10/24/14) showed degenerative disc disease with facet arthropathy, disc protrusion, and neuroforaminal narrowing. Electromyography of bilateral upper and lower extremities was normal. In a permanent and stationary evaluation dated 3/11/15, the injured worker complained of some pain in the left paracervical trapezius muscles with some radiation of pain down the left arm with occasional numbness and tingling to the left hand and some pain to the left low back with radiation down the left leg with intermittent numbness and tingling of the left foot. The injured worker reported having some problems with activities of daily living. Physical exam was remarkable for tenderness to palpation to the lumbar and cervical paraspinal musculature with decreased range of motion, positive left Spurling's sign, positive left straight leg raise and normal strength, sensation and reflexes to bilateral upper and lower extremities. Current diagnoses include left lumbosacral sprain/strain, left lumbar radiculopathy, left cervical spine sprain/strain, left cervical spine radiculopathy and myofascial pain syndrome. The physician noted that future medical care should include 12 physician visits per year, 24 sessions of physical therapy/acupuncture/chiropractic therapy for acute flare-ups and continuing medications including Naproxen Sodium, Omeprazole, Flexeril, Neurontin, and Lido Pro gel. On 3/13/15, a request for authorization was

submitted for electromyography/nerve conduction velocity test of bilateral upper and lower extremities, epidural steroid injections at right L4, left L5 and right S1, a urine drug screen, acupuncture twice a week for four weeks and medications (Omeprazole, Naproxen Sodium, Flexeril and Neurontin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg BID #100 x2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 7/30/13. The medical records provided indicate the diagnosis of left lumbosacral sprain/strain, left lumbar radiculopathy, left cervical spine sprain/strain, left cervical spine radiculopathy, and myofascial pain syndrome. Treatments have included physical therapy, acupuncture, home exercise, and medications. The medical records provided for review do not indicate a medical necessity for Naprosyn 550mg BID #100 x2 bottles. Naprosyn is an NSAID. The MTUS recommends the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS recommends monitoring blood count, kidney and liver functions, when NSAIDs are used for an extended period. The Medical records indicate the injured worker has been using this medication at least since 12/2014 with no overall improvement. There is no evidence the injured workers blood count, kidney function and liver function are being monitored. The request is not medically necessary.

Omeprazole 20mg QD/BID #100: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 7/30/13. The medical records provided indicate the diagnosis of left lumbosacral sprain/strain, left lumbar radiculopathy, left cervical spine sprain/strain, left cervical spine radiculopathy and myofascial pain syndrome. Treatments have included physical therapy, acupuncture, home exercise, and medications. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg QD/BID #100. Omeprazole is a proton pump inhibitor. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors, determine if the patient is at risk for gastrointestinal events such as: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g.,

NSAID plus low-dose Aspirin). The medical requested treatment is not medically necessary since it has been determined that the Naprosyn is not medically necessary.

Flexeril/Fexmid 7.5mg TID #90 x3 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 7/30/13. The medical records provided indicate the diagnosis of left lumbosacral sprain/strain, left lumbar radiculopathy, left cervical spine sprain/strain, left cervical spine radiculopathy and myofascial pain syndrome. Treatments have included physical therapy, acupuncture, home exercise, and medications. The medical records provided for review do not indicate a medical necessity for Flexeril/Fexmid 7.5mg TID #90 x3 bottles. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Cyclobenzaprine Flexeril/Fexmid is a muscle relaxant with a recommended dosing of 5-10 mg three times daily for no longer than 2-3 weeks. The requested quantity exceeds the number recommended. Therefore the request is not medically necessary.

Neurontin/Gabapentin 600mg #100 x3 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): s 16-18.

Decision rationale: The injured worker sustained a work related injury on 7/30/13. The medical records provided indicate the diagnosis of left lumbosacral sprain/strain, left lumbar radiculopathy, left cervical spine sprain/strain, left cervical spine radiculopathy and myofascial pain syndrome. Treatments have included physical therapy, acupuncture, home exercise, and medications. The medical records provided for review do not indicate a medical necessity for Neurontin/Gabapentin 600mg #100 x3 bottles. Gabapentin is an antiepilepsy medication. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 percent reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury, Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The medical records indicate the injured worker has been using this at least since 12/2014, but with no documentation of at least 30 percent pain reduction. The request is not medically necessary.

LidoPro 4% ointment x2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

Decision rationale: The injured worker sustained a work related injury on 7/30/13. The medical records provided indicate the diagnosis of left lumbosacral sprain/strain, left lumbar radiculopathy, left cervical spine sprain/strain, left cervical spine radiculopathy and myofascial pain syndrome. Treatments have included physical therapy, acupuncture, home exercise, and medications. The medical records provided for review do not indicate a medical necessity for LidoPro 4 % ointment x2 bottles. LidoPro is a topical analgesic containing capsaicin, Lidocaine, Menthol, and methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not recommended due to the presence of menthol and Lidocaine (though Lidocaine is recommended, it is only recommended as Lidoderm patch). The request is not medically necessary.