

Case Number:	CM15-0127383		
Date Assigned:	07/20/2015	Date of Injury:	02/23/2013
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 02/23/2013. She has reported subsequent neck, back, right shoulder and left knee pain and was diagnosed with herniated nucleus pulposus of the cervical and lumbar spine, cervical and lumbar degenerative disc disease and facet arthropathy, thoracic spine sprain/strain, right shoulder bursitis/impingement syndrome and left knee partial anterior cruciate ligament tear. MRI of the cervical spine dated 07/29/2013 showed left paracentral disc protrusion abutting the thecal sac, bilateral neural foraminal narrowing and straightening of the cervical lordosis. Treatment to date has included medication, acupuncture, chiropractic therapy and an epidural steroid injection of the left shoulder. The injured worker was noted to be taking Cyclobenzaprine since at least 01/26/2015. A trial of topical Lidopro cream was started on 01/26/2015 for pain and inflammation. In a progress note dated 03/23/2015, the injured worker complained of low back pain radiating to the left buttock and leg and right shoulder pain radiating to the elbow and mid back. Pain was rated as 8/10. The injured worker also complained of bleeding with bowel movements occurring for the past week that was becoming more frequent. Objective findings were notable for a moderately antalgic gait, abnormal heel and toe walk, diffuse tenderness to palpation throughout the cervical, thoracic and lumbar spine, decreased range of motion of cervical, thoracic and lumbar spine and slight weakness of the right upper and lower extremity. There was no objective gastrointestinal examination findings submitted. The physician noted that a trial of Prilosec 20 mg #60 one per day would be started due to gastrointestinal complaints since she was on Naproxen. The physician also noted that Naproxen would be discontinued

given these complaints. The injured worker was noted to be permanent and stationary and the physician noted that if modified work was unavailable, the injured worker should remain off work. A request for authorization of Cyclobenzaprine, Omeprazole and Lidopro was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The records indicate the patient has ongoing neck and right shoulder pain, low back pain, and left knee pain. The current request is for Cyclobenzaprine 7.5mg tablet. The attending physician states in his 3/23/15 progress report, Flexeril as needed for spasms. The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine has been recommended for short-term use not to exceed three weeks. In this case, the provider does not mention an acute exacerbation of the patient's condition or acute spasms. The records indicate the patient has been taking muscle relaxants for a prolonged period of time. The open-ended request is not consistent with CA MTUS guidelines and the medical records fail to establish medical necessity.

Omeprazole: 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 and Cardiovascular Risk Page(s): 68.

Decision rationale: The records indicate the patient has ongoing neck and right shoulder pain, low back pain, and left knee pain. The current request is for Omeprazole 20mg capsule. The treating physician recommends Omeprazole for GI complaints since she was on Naproxen. According to the CA MTUS, PPIs are recommended for patients at risk for GI events. In this case the records do provide the evidence that the patient suffered GI events secondary to Naproxen. While the request appears to be consistent with the MTUS guidelines, the medical prescription as written does not specify a quantity and therefore is not consistent with MTUS guidelines. As such, the recommendation as written does not establish medical necessity.

Lidopro: 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: The records indicate the patient has ongoing neck and right shoulder pain, low back pain, and left knee pain. The current request is for Lidopro cream. The attending physician recommends the Lidopro cream to reduce pain and radicular symptoms while avoiding the effects of oral medications. The MTUS Guidelines states that Lidocaine is indicated for Neuropathic pain. 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, there is support for radicular pain, however the MTUS guidelines clearly state topical Lidocaine, in the formulation of a dermal patch is the only form of Lidocaine recommended for topical application. As such, the medical records do not establish medical necessity as per the MTUS guidelines.