

Case Number:	CM15-0177105		
Date Assigned:	09/17/2015	Date of Injury:	01/16/2015
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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:

The injured worker is a 60 year old male, who sustained an industrial injury on January 16, 2015. Medical records indicate that the injured worker is undergoing treatment for a cervical sprain, right shoulder sprain, right knee meniscal tear, lumbar spondylosis with intraforaminal lumbosacral herniated discs and right sacroiliitis. The injured worker was currently not working. Current documentation dated August 18, 2015 notes that the injured worker had a sacroiliac joint injection 2 weeks prior and noted 70% pain relief. The injured worker no longer had any leg pain but did have mild back pain. Documentation dated August 19, 2015 notes that the injured worker reported that his right knee still clicked and was about the same. The injured worker had a limited range of motion of the left shoulder. Gastrointestinal symptoms were not noted. Treatment and evaluation to date has included medications, MRI right lower extremity, right sacroiliac joint injection (8-5-2015), physical therapy (12), post-operative physical therapy (8), home exercise program and a right knee arthroscopy (4-13-2015). The MRI of the lumbar spine revealed multilevel degenerative disc disease and herniated discs. Current medications include Naproxen, Prilosec, Flexeril and topical analgesics. The treating physician's request for authorization dated August 27, 2015 includes requests for the retrospective medications (date of service 8-18-2015): Prilosec 20 mg # 60, Fexmid 7.5 mg # 60, Flurbiprofen 25%-Lidocaine 5% in a Lipoderm base topical cream 30 gm and Flurbiprofen 25%-Lidocaine 5% in Lipoderm base topical cream 120 gm. The Utilization Review documentation dated September 2, 2015 non-certified the requests for the retrospective medications (date of service 8-18-2015): Prilosec 20

mg # 60, Fexmid 7.5 mg # 60, Flurbiprofen 25%-Lidocaine 5% in a Lipoderm base topical cream 30 gm and Flurbiprofen 25%-Lidocaine 5% in a Lipoderm base topical cream 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20mg, #60 (DOS: 8/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Gastrointestinal symptoms were not noted. Retrospective Prilosec 20mg, #60 (DOS: 8/18/15) is not medically necessary.

Retrospective Fexmid 7.5mg, #60 (DOS: 8/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Retrospective Fexmid 7.5mg, #60 (DOS: 8/18/15) is not medically necessary.

Retrospective Flurbiprofen 25%-Lidocaine 5% in Lipoderm base Topical cream 30gm, (DOS: 8/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Retrospective Flurbiprofen 25%-Lidocaine 5% in Lipoderm base Topical cream 30gm, (DOS: 8/18/15) is not medically necessary.

Retrospective Flurbiprofen 25%-Lidocaine 5% in Lipoderm base Topical cream 120gm, (DOS: 8/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Retrospective Flurbiprofen 25%-Lidocaine 5% in Lipoderm base Topical cream 120gm, (DOS: 8/18/15) is not medically necessary.