

Case Number:	CM15-0028178		
Date Assigned:	02/20/2015	Date of Injury:	01/12/2014
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 30 year old female with an industrial injury dated 01/12/2014. She was placing large pillows and other items on a top shelf using a ladder and felt pain in the shoulder and neck area. On 11/25/2014 she presented with neck and back pain. Physical exam noted full range of motion with right upper back axial symptom irritation with end flexion and side bending. She had paresthesias in the right posterior upper limb. Tinel's over the right medial nerve at the wrist as well as the right cubital tunnel seemed to both cause a vibratory sensation in the right hand. Prior treatments included medication chiropractic treatments, acupuncture and diagnostics. MRI dated 02/14/2014 of thoracic spine demonstrates a small hemangioma in the thoracic 8 vertebral body and possibly similarly in the right pedicle of the thoracic 9 vertebral body but there is no focal disk protrusion or neural compromise. Cervical spine MRI dated 04/03/2014 showed a rightward cervical 5-6 disk/osteophyte complex measuring several millimeters in depth, causing mass effect on the right side of the spinal cord without central stenosis or cord signal change. Diagnosis was chronic right neck and middle back pain and right low back and leg pain, rule out lumbar radiculopathy. On 01/16/2015 utilization review issued the following decisions: The request for Lodine 500 mg # 40 was denied. The request for Flexeril 5 mg # 40 was denied. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lodine 500 mg #40 with 1 refill with a dos of 11/25/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Lodine 500 mg #40 with 1 refill date of service November 25, 2014 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical strain neck; and sprain and strain thoracic. The documentation from a functional restoration program indicates the injured worker was taking an anti-inflammatory drug as far back as March 2014. A progress note dated September 3, 2014 shows the injured worker was taking Motrin 600 mg. progress note dated November 25, 2014 indicates the injured worker was changed from Motrin 600 mg to Lodine 500 mg. However, there was no clinical indication or clinical rationale in the progress note for the change from Motrin to Lodine. The guidelines state there is no evidence to recommend one drug in this class over another based on efficacy. The main concerns on selection are potential adverse effects. There was no discussion in the medical record as to efficacy or objective functional improvement. There were no adverse effects noted in the medical records. Constantly, absent clinical documentation with objective functional movement and the clinical indications/rationale for change from one nonsteroidal anti-inflammatory drug to another (Lodine), retrospective Lodine 500 mg #40 with 1 refill date of service November 25, 2014 is not medically necessary.