

Case Number:	CM15-0062923		
Date Assigned:	04/09/2015	Date of Injury:	08/04/2008
Decision Date:	06/02/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 8/4/2008. The mechanism of injury is not indicated. The injured worker was diagnosed as having fractured pelvis, shoulder joint derangement, knee tendinopathy, myofascial pain, and status post-surgery, cervical radiculitis. Treatment to date has included medications, home exercises, and transcutaneous electrical nerve stimulation (TENS). The request is for Cyclobenzaprine, Naproxen, LidoPro, Omeprazole, TENS patches, and Ibuprofen. On 3/27/2015, he was seen for right shoulder and right knee pain, and is having intermittent right ear buzzing. He reports home exercises, and TENS unit are helpful for pain control along with medications. Medications are listed as: Naproxen, Cyclobenzaprine, Omeprazole, and LidoPro cream. He reports his pain is 3/10 with the treatments, and is 5-6/10 without them. He has reported heartburn despite taking Omeprazole twice daily. He also indicates Cyclobenzaprine taken at night helps a little. The treatment plan included: refilled his medications, TENS patches, continue home exercises, request for magnetic resonance imaging of the cervical spine and lumbar spine, await report from ear nose and throat specialist, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41, 64.

Decision rationale: The request for cyclobenzaprine 7.5mg #60 is not medically necessary. The injured worker reported an injury on 08/04/2008. The mechanism of injury was not documented. The injured worker is noted to have a fractured pelvis, shoulder joint derangement, knee tendinopathy, myofascial pain, and cervical radiculitis. The injured worker has subjective complaints of right shoulder and knee pain of 5/10 to 6/10 without pain medication and 3/10 with pain medication. Per the office note dated 03/27/2015, cyclobenzaprine helped a little when taken at night. Per California Guideline, cyclobenzaprine is recommended for short term use for low back pain. The request for cyclobenzaprine 7.5mg #60 is not medically necessary due to the injured worker has been on this medication since 08/04/2014 for chronic pain. As such, the request is not medically necessary.

LidoPro 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The request for LidoPro 121gm is not medically necessary. Per the progress note dated 03/27/2015, the injured worker reported that the LidoPro helped a little with pain. The California Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesics are also for short term use as well. The clinical information received did not document that the injured worker had tried and failed antidepressants and anticonvulsants. The injured worker has been on LidoPro since 08/04/2014 for chronic pain. As such, the request is not medically necessary.

TENS Patch #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The request for TENS patches #2 is not medically necessary. While the injured worker reported pain relief of 3/10 with the use of pain medications, the California

Guidelines do not recommend the use of TENS for long term use of chronic pain. TENS patches are recommended for short term use of neuropathic pain. Per the medical records received, the injured worker is not noted to have neuropathy and has been receiving TENS patches since 08/04/2014 for chronic pain. As such, the request is not medically necessary.

Ibuprofen 800mg, #60: Upheld

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

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

Decision rationale: The request for ibuprofen 800mg #60 is not medically necessary. Per the medical records received, the injured worker has been taking ibuprofen since 08/04/2014 for chronic pain. The injured worker has reported that ibuprofen helps as a sleep aid. Per California Guidelines, ibuprofen is recommended at the lowest dose for the shortest period of time for moderate to severe pain. The injured worker notes pain as 3/10 with pain medications. NSAIDs are also recommended to treat breakthrough pain conditions such as arthritis and the injured worker has not been diagnosed with arthritis. As such, the request for ibuprofen is not medically necessary.

Naproxan 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66.

Decision rationale: The request for naproxen 500mg #60 is not medically necessary. The progress note dated 03/27/2015 showed that the injured worker reported a pain level of 6. Although the injured worker reported that the naproxen helped to decrease pain to 3/10, California Guidelines state NSAIDs are used to treat breakthrough pain and are not recommended for long term use of chronic pain conditions. The injured worker has been suffering from chronic pain since 08/04/2014. As such, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The request for omeprazole 20mg #60 is not medically necessary. While the injured worker has been taking omeprazole twice a day since 08/04/2014, the injured worker does not show any significant gastrointestinal symptoms to warrant the use of a proton pump inhibitor. It is noted that the injured worker has minimal heartburn. Per California Guidelines, the use of omeprazole is recommended for gastrointestinal conditions. As such, the request for omeprazole is not medically necessary.