

Case Number:	CM15-0063269		
Date Assigned:	04/09/2015	Date of Injury:	01/29/2013
Decision Date:	06/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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, Arizona
 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:

This 32-year-old female sustained an industrial injury on 1/29/13, while the injured worker was trying to insert a pallet jack underneath a loaded pallet, the pallet got stuck and the injured worker pushed the pallet jack forcefully and felt a sharp pain in her low back. She subsequently reported neck and back pain. Diagnoses include cervical sprain/ strain and lumbar spine strain/ sprain with predominantly right radicular pain and evidence of underlying disc protrusion at L4-5 with annular tear. Treatments to date have included MRI, x-rays, 14 sessions of chiropractic care and acupuncture, a total of 24 sessions of physical therapy and prescription pain medications. The documentation of 01/30/2015 revealed that the injured worker continued to experience headaches, pain in neck, upper back, bilateral shoulders, lower back radiating to the bilateral extremities as well as gastric irritation. The injured worker had tenderness to palpation over the right paralumbar musculature. The range of motion of the cervical spine was full. There was tenderness to palpation over the left paracervical musculature without spasms. A request for Furbi cream, Omeprazole and Ketoprofen medications and to resume therapeutic activities 2 x4 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Furbi cream 180 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC neck and upper back procedure summary, low back procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics Page(s): 72, 111.

Decision rationale: The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The clinical documentation submitted for review failed to indicate a necessity for both the topical and oral form of an NSAID. There was a lack of documentation of a failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Furbi cream 180 grams is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC neck and upper back procedure summary, low back procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia. However, there was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Additionally, as the NSAID being concurrently reviewed was found to be not medically necessary, the request for omeprazole 20 mg #60 is not medically necessary.

Ketoprofen 75 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC neck and upper back procedure summary, low back procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain to support the use of this medication. There was a lack of documentation indicating a necessity for both a topical and oral form of NSAID. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ketoprofen 75 mg #30 is not medically necessary.

Resume therapeutic activities 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC neck and upper back procedure summary, low back procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend up to 10 visits of physical medicine treatment for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had 24 sessions of physical medicine treatment in total. There was a lack of documentation of remaining objective functional deficits. The request as submitted failed to indicate the specific body part to be treated. Given the above, the request for resume therapeutic activities 2 x 4 is not medically necessary.