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| Case Number: | CM15-0065803 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 07/24/2014 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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 41 year old male who sustained an industrial injury on July 24, 2014 when a forklift backed up and hit the forklift that the injured worker was driving. The injured worker was diagnosed with lumbosacral joint/ligament sprain/strain, cervical sprain/strain, thoracic sprain/strain, contusion of right hip and chest. Treatment to date includes conservative measures, medications and a transcutaneous electrical nerve stimulation (TEN's) unit trial. According to the primary treating physician's progress report on March 12, 2015, the injured worker continues to experience chronic right mid back, neck, hip and low back and buttock pain. The injured worker rates his right mid back, lower back pain at 7/10, neck and upper back at 8/10 and right hip pain at 6/10. Examination demonstrated spasm and tenderness in all areas with decreased range of motion of the lumbar spine. Current medications are listed as Norco, Naproxen, Omeprazole and Cyclobenzaprine. Treatment plan consists of awaiting approval on X-rays of the cervical, thoracic, lumbar spine, right hip and pelvis, magnetic resonance imaging (MRI) of the cervical and lumbar spine, pool therapy and the current request for Cyclobenzaprine, Omeprazole, Naproxen and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30, no NDC #, no refills, PPI: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: The patient presents with pain affecting the cervical, thoracic, & lumbar spine and right hip. The current request is for Omeprazole 20mg, #30, no NDC #, no refills, PPI. The treating physician states, "#30 Omeprazole 20mg", and documents that the patient has been taking this medication since at least January 2015 due to GI upset. (25, 40B) The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. In this case, the treating physician has documented that the patient has GI issues and the patient is taking Naproxen, an NSAID. The current request is medically necessary and the recommendation is for authorization.

Lidopro 121 gms, no NDC #, no refills, topical analgesic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the cervical, thoracic, & lumbar spine and right hip. The current request is for Lidopro 121 grams, no NDC #, no refills, topical analgesic. The treating physician states, "Lidopro NDC # 53225102201 121 gms (4fl oz)". (25B) the treating physician does not provide further explanation for this medication. The MTUS guidelines only recommended lidocaine as a dermal patch not as a cream. In this case, the treating physician has requested a treatment that the MTUS guidelines do not recommend in cream form. The current request is not medically necessary and the recommendation is for denial.

Cyclobenzaprine 7.5mg, #60, no NDC #, no refills, muscle relaxant: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting the cervical, thoracic, & lumbar spine and right hip. The current request is for Cyclobenzaprine 7.5mg, #60, no NDC #, no refills, muscle relaxant. The treating physician states, "#60 Cyclobenzaprine 7.5mg Tablet", and documents that the patient has been taking this medication since at least January 2015. (25, 40B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy.

Treatment should be brief". In this case, the treating physician has been prescribing this medication since January 2015 which would exceed the recommended timeline of a short course of therapy. The current request is not medically necessary and the recommendation is for denial.