

Case Number:	CM15-0066125		
Date Assigned:	04/13/2015	Date of Injury:	06/11/2014
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
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

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 41-year-old male, who sustained an industrial injury on 06/11/2014 when a piece of plywood weighing 30-40 pounds fell three stories and hit him on the head over the occipital. He had pain right away, dizziness and blurry vision. Treatment to date has included computed tomography imaging, medications, physical therapy, heat, TENS unit, trigger point injections, neck collar and MRI of the spine. Diagnoses included cervicalgia/neck pain, cervical sprain/strain, cervicogenic headaches and sleep disturbance. According to a Doctor's First Report of Injury dated 02/27/2015, the injured worker's pain persisted. He complained of cervical neck pain, headache and sleep disturbance. Pain was rated 4 on a scale of 1-10. The treatment plan included request home exercise program, TENS unit, chiropractic care, electrodiagnostic studies and MRI, Naproxen, Cyclobenzaprine, Lidopro cream and Omeprazole. Currently under review is the request for retro: Cyclobenzaprine, Omeprazole and Lidopro cream. Medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclobenzaprine 7.5mg #60 DOS 2/27/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines are very specific with the recommendation that Cyclobenzaprine should not be used on a long-term daily basis. The Guidelines recommend up to a 3-week course, but long-term use should be limited to short term during distinct flare-ups. The drug is dispensed for long-term daily use. There are no unusual circumstances to justify and exception to Guidelines. The Cyclobenzaprine 7.5mg #60 DOS 2/27/15 is not supported by Guidelines and is not medically necessary.

Retro: Omeprazole 20mg #60 DOS 2/27/2015: Upheld

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

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

Decision rationale: MTUS Guidelines do not support the routine use of PPI's unless there are specific risk factors present. If they are indicated, Guidelines recommend a usual and customary dose of Omeprazole at 20mg. per day. This individual has not been not diagnosed with any risk factors as indicated by Guidelines. There is also no indication to utilize it at 40mg per day which is the amount being dispensed. Under these circumstances, the Omeprazole 20mg. #60 is not supported by Guidelines and is not medically necessary.

Retro: Lidopro cream 121gm DOS 2/27/2015: 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: MTUS Guidelines are very specific with the recommendations regarding topical Lidocaine. If topical Lidocaine is indicated, the only delivery system recommended is Lidoderm patches due to the risk of misuse and life threatening side effects. There are no unusual circumstances to justify an exception to Guidelines. The Lidopro Cream 121 gm DOS 2/27/15 is not supported by Guidelines and is not medically necessary.