

Case Number:	CM15-0076479		
Date Assigned:	04/28/2015	Date of Injury:	05/29/2014
Decision Date:	07/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, Illinois

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 20-year-old male, who sustained an industrial injury on 5/29/14. The injured worker has complaints of lumbar spine pain that is sharp and burning with numbness and tingling to both lower extremities more on the right than the left. The diagnoses have included lumbar degenerative disc disease; myofascial pain; lumbar radiculitis; thoracic sprain/strain/ cervical sprain/strain and major depressive disorder. Treatment to date has included cymbalta; Wellbutrin; cyclobenzaprine; norco; naproxen; omeprazole and lidopro topical; home exercise program; transcutaneous electrical nerve stimulation unit; physical therapy. The request was for retrospective omeprazole 20mg #60 date of service 2/27/15; retrospective naproxen 550mg #60 date of service 2/27/15; retrospective cyclobenzaprine 7.5mg #60 date of service 2/27/15; retrospective lidopro cream 121 grams date of service 2/27/15 and retrospective transcutaneous electrical nerve stimulation unit purchase date of service 2/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20 mg #60 DOS 2/27/15: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 5/29/14. The medical records provided indicate the diagnosis of lumbar degenerative disc disease; myofascial pain; lumbar radiculitis; thoracic sprain/strain/ cervical sprain/strain and major depressive disorder. Treatments have included cymbalta; Wellbutrin; cyclobenzaprine; norco; naproxen; omeprazole and lidopro topical; home exercise program; transcutaneous electrical nerve stimulation unit; physical therapy. The medical records provided for review do not indicate a medical necessity for Retrospective Omeprazole 20 mg #60 DOS 2/27/15. Omeprazole is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events if they are being treated with NSAIDs. The requested treatment is not medically necessary because the Naproxen(NSAID) has been determined not to be medically necessary.

Retrospective Naproxen 550 mg #60 DOS 2/27/15: 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): 67-71.

Decision rationale: The injured worker sustained a work related injury on 5/29/14. The medical records provided indicate the diagnosis of lumbar degenerative disc disease; myofascial pain; lumbar radiculitis; thoracic sprain/strain/ cervical sprain/strain and major depressive disorder. Treatments have included cymbalta; Wellbutrin; cyclobenzaprine; norco; naproxen; omeprazole and lidopro topical; home exercise program; transcutaneous electrical nerve stimulation unit; physical therapy. The medical records provided for review do not indicate a medical necessity for Retrospective Naproxen 550 mg #60 DOS 2/27/15. Naproxen is a Nonsteroidal anti-inflammatory drug. The MTUS recommends the lowest dose for the shortest period in patients with moderate to severe pain. The records indicate the injured worker has been using this since 06/2014 with no overall improvement. The medical records do not indicate the injured worker is being monitored for liver function, kidney function and blood count, as requested by the MTUS. Therefore, this request is not medically necessary.

Retrospective Cyclobenzaprine 7.5 mg #60 DOS 2/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 5/29/14. The medical records provided indicate the diagnosis of lumbar degenerative disc disease; myofascial pain; lumbar radiculitis; thoracic sprain/strain/ cervical sprain/strain and major depressive disorder. Treatments have included cymbalta; Wellbutrin; cyclobenzaprine; norco; naproxen; omeprazole and lidopro topical; home exercise program; transcutaneous electrical nerve stimulation unit; physical therapy. The medical records provided for review do not indicate a medical necessity for Retrospective Cyclobenzaprine 7.5 mg #60 DOS 2/27/15. Cyclobenzaprine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Cyclobenzaprine is recommended to be dosed as 5-10 mg three times a day for no longer than 2-3 weeks, but the medical records indicate the injured worker has been on this medication for some time. This request is not medically necessary.

Retrospective LidoPro cream 121 grams DOS 2/27/15: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 5/29/14. The medical records provided indicate the diagnosis of lumbar degenerative disc disease; myofascial pain; lumbar radiculitis; thoracic sprain/strain/ cervical sprain/strain and major depressive disorder. Treatments have included cymbalta; Wellbutrin; cyclobenzaprine; norco; naproxen; omeprazole and lidopro topical; home exercise program; transcutaneous electrical nerve stimulation unit; physical therapy. The medical records provided for review do not indicate a medical necessity for Retrospective LidoPro cream 121 grams DOS 2/27/15. LidoPro is a topical analgesic containing Capsaicin, Lidocaine, Menthol and Methyl salicylate. The topical analgesics are largely experimental i. e. drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Menthol is not recommended, while Capsaicin and Lidocaine are not recommended in the present formulation. This request is not medically necessary.

Retrospective TENS unit purchase DOS 2/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Blue Cross Blue Shield: TENS, CMS: The use of TENS, VA: TENS, European Federation of Neurological Societies: TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on 5/29/14. The medical records provided indicate the diagnosis of lumbar degenerative disc disease; myofascial pain; lumbar radiculitis; thoracic sprain/strain/ cervical sprain/strain and major depressive disorder. Treatments have included cymbalta; Wellbutrin; cyclobenzaprine; norco; naproxen; omeprazole and lidopro topical; home exercise program; transcutaneous electrical nerve stimulation unit; physical therapy. The medical records provided for review do not indicate a medical necessity for The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following

three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. Although the medical records indicate the injured worker was using TENS unit before it stopped working, there was no documented evidence of benefit from this treatment, or how the machine was use. This request is not medically necessary.