

Case Number:	CM15-0091490		
Date Assigned:	05/15/2015	Date of Injury:	11/01/2013
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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 55 year old female, who sustained an industrial injury on 11/01/2013. She has reported injury to the neck, bilateral shoulders, bilateral knees, lower back, and feet. The diagnoses have included cervicalgia; lumbago; lumbar facet dysfunction; fibromyalgia; shoulder pain with tendonitis and impingement; knee pain with degenerative joint disease; and plantar fasciitis. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, and home exercise program. Medications have included Gabapentin, Naproxen, Omeprazole, Celebrex, Tizanidine, and Capsaicin cream. A progress note from the treating physician, dated 03/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain all over her neck radiating into the arms and hands; low back pain radiating into the left leg; and burning pain in the bilateral feet and heel pain; pain is rated at 8/10 on the visual analog scale; she has not received her TENS (transcutaneous electrical nerve stimulation) unit; and Naproxen causes stomach upset. Objective findings included decreased sensation in the bilateral feet; weakness noted in the bilateral grip strength; tenderness to palpation noted over the cervical paraspinal muscles, upper trapezius, scapular border, and bilateral greater trochanteric bursae; crepitus sensation; positive Hawkins test; tenderness to palpation noted over the occipital tendon; 18/18 tender points are positive; tenderness to palpation over the bilateral heels and plantar fascia; and pain improves with medications. The treatment plan has included the request for Omeprazole 30mg 330; Tizanidine 2mg #30; and Capsaicin cream 0.025% 120gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 30mg #30: 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 and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 30mg #30 is not medically necessary and appropriate.

Tizanidine 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged without acute flare-up or clinical progression. The Tizanidine 2mg #30 is not medically necessary and appropriate.

Capsaicin cream 0.025% 120g #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, page 28-29.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Capsaicin cream 0.025% 120g #1 is not medically necessary and appropriate.