MAXIMUS Federal Services

Case Number:	CM13-0013669		
Date Assigned:	09/26/2013	Date of Injury:	11/28/2005
Decision Date:	04/29/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old male who was injured on 11/28/2005 while grabbing the handles of both sides of his seat he injured his back. Prior treatment history has included spinal injections and therapy. Medications included: 1. Vicodin 2. Gabapentin 600 mg 3. Zanaflex 4 mg 4. Prilosec 20 mg 5. Topical Medrox patches. Diagnostic studies reviewed include: 11/08/2010 EMG/NCV: Normal study with no evidence of nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy. 01/25/2011 MRI of the lumbar spine: 1) Dextroscoliosis with degenerative disc disease and facet arthropathy. 2) Canal stenosis includes L5-S1 occlusion of the left lateral recesses with contact and displacement of the left S1 nerve root. 3) Neural foraminal narrowing includes L3-4 mild, caudal left; L4-5 moderate to severe left, moderate right; L5-S1 severe left, mild to moderate right neural foraminal narrowing. PR-2 dated 07/09/2013 documented the patient to have complaints of mid and low back pain with bilateral lower extremity symptoms, which he currently rates at 7/10 on the pain scale. Objective findings on exam included tender to palpation along the lumbar paraspinal musculature. Decreased range of motion throughout the lumbar spine. Sensation is decreased in the left L4, L5 and S1 dermatomes. 5-/5 strength in the left lower extremity. Positive straight leg raise on the left at 60 degrees. First is a urine drug screen dated 06/19/2013 revealing that no medications are detected as it is inconsistent. A urine drug screen dated 04/30/2013 shows negative for all substances. Diagnoses: 1. Degenerative disc disease of the lumbar spine with radiculopathy. 2. Multiple internal medicine issues including thrombocytopenia, ongoing cardiac problems and nephrolithiasis. 3. Potential psychological issues including anxiety, depression, sleep deprivation and coping issues. 4. L5-S1 Canal stenosis with occlusion of the left lateral recess. 5. Lumbar neural foraminal narrowing at multiple levels. 6. Lumbar facet arthropathy. 7. Displacement of

the left S1 nerve root. Request for Authorization: #90 Omeprazole 20 mg #180 Tizanidine 4 mg #2 Medrox patches box.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Medrox Patches (5 patches) 2 boxes: 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 based on Non-MTUS Citation MEDROX (menthol, capsaicin, methyl salicylate) patch
http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017-415f-b8f0-54b07b6d6c00

Decision rationale: The Expert Reviewer's decision rationale: According to the references, Medrox patch is a product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin may be recommended as an option for patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient, as it is documented that he is prescribed oral medications. In addition, the guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medical necessity of this topical analgesic patch is not been established, and recommendation is to non-certify the request for Medrox patches.

Prospective Request for one prescription for Tizanidine 4mg #90: Upheld

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): 68.

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of the above listed criteria exist in this case that would indicate he is at risk for gastrointestinal events, to warrant access to the proton pump inhibitor. Consequently, the medical necessity of Omeprazole is not established, and the request is recommended as non-certified.