

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0051284 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/28/2013 |
| Decision Date: | 05/09/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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, has a subspecialty in Interventional Spine 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 64-year-old female with a date of injury of 02/28/2013. The listed diagnoses per [REDACTED] are: 1. Chronic myofascial pain syndrome. 2. Chronic strain of the lumbar spine. 3. Chronic lumbosacral radiculopathy. According to report dated 10/21/2013 by [REDACTED], the patient presents with continued pain in the low back on the right side with numbness of the legs. The patient does also present with acute spasms in the back. Physical examination revealed positive cervical spine trigger points in the paraspinal muscles. Straight leg raise test was noted as negative. There is decreased sensation in the right foot and decreased strength in the right with dorsiflexion and decreased right ankle reflex. It was noted that prior trigger point injections have allowed the patient to decrease pain levels. The patient's medication includes; Omeprazole 20 mg, Neurontin 600 mg, Terocin ointment, Dendracin ointment, Orudis 75 mg, and Flexeril 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG 1 PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with continued pain in the low back on the right side with numbness of the legs. The treater is requesting a refill of Omeprazole 20mg. The MTUS Guidelines states omeprazole recommended with precautions as indicated below: 1) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 2) Determine if the patient is at risk for gastrointestinal events (3) age is greater than 65 years, (4) history of peptic ulcer, GI bleeding, or perforation (5) concurrent use of ASA, corticosteroids and/or an anticoagulant or for high dose/multiple NSAID. The patient has been prescribed Omeprazole since 07/24/2013. In this case, review of reports from 07/24/2013 to 10/21/2013 does not mention any gastric irritation or peptic ulcer history, no concurrent use of ASA, etc. In addition, the patient is not noted to be taking any NSAIDs. The requested Omeprazole is not medically necessary and recommendation is for denial.

NEURONTIN 600MG TID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: The treater is requesting a refill of Neurontin. The MTUS guidelines pages 18 and 19 has the following regarding gabapentin (Neurontin, Gabarone). "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient does present with symptoms that are indicated for this medication. The patient has low back on the right side with numbness of the legs. The requested Neurontin is medically necessary and recommendation is for approval.

TEROCIN OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: This patient presents with continued pain in the low back on the right side with numbness of the legs. The treater is requesting Terocin pain relief lotion. Terocin lotion contains Salicylate, Capsaicin and Lidocaine. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Furthermore, topical NSAIDs, salicylate in this case, is only recommended

for peripheral joint arthritis and tendinitis pain. This patient does not present with such diagnosis and suffers from chronic neck pain. Recommendation is for denial.

DENDRACIN OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

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

Decision rationale: This patient presents with continued pain in the low back on the right side with numbness of the legs. The treater is requesting Denracin pain relief lotion. Dendracin lotion contains Salicylate, Benzocain and Menthol. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Furthermore, topical NSAIDs, in this case salicylate, is only recommended for peripheral joint arthritis and tendinitis pain. This patient does not present with such diagnosis and suffers from chronic neck pain. Recommendation is for denial.

ORUDIS 75 MG T TABLET TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This patient presents with continued pain in the low back on the right side with numbness of the legs. The treater is requesting a refill of Orudis 7.5mg. The MTUS guidelines pg 22 supports use of NSAIDs as a first-line treatment for "chronic LBP." MTUS also states on page 67 that it is recommended as an option for short-term symptomatic relief in "Chronic low back pain." Review of reports show this patient has been on Orudis since 07/24/2013, possibly earlier, as this is the earliest report provided for review. In this case, the treater does not discuss the efficacy of this medication in any of the subsequent reports. Without any discussion, it is not known whether or not Orudis is doing anything for the patient. MTUS pg 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

FLEXERIL 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: This patient presents with continued pain in the low back on the right side with numbness of the legs. The treater is requesting a refill of Flexeril 7.5mg. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this patient has been prescribed this medication since 07/24/2013, possibly earlier, as this is the earliest report provided for review. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Flexeril is not medically necessary and recommendation is for denial.