

Case Number:	CM13-0060274		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2005
Decision Date:	03/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine 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 physician 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 48 year old male who was injured on February 25, 2005. He developed sharp back pain after lifting bundles of paper for 90 minutes. He continues to experience low back pain with radiation into the right buttock. Diagnoses included myofascial pain syndrome, lumbar spine strain, and lumbosacral radiculopathy. Previous treatments include medications, physical therapy, and epidural steroid injections. Requests for authorization for omeprazole 20 mg daily, Flexeril 7.5 mg one tab 3 times daily and Dendracin ointment twice daily as needed were received on November 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tab daily: Upheld

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

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

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. According to the MTUS

Chronic Pain Guidelines, risk factors for gastrointestinal events include an age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication but did not have any of the risk factors for a gastrointestinal event. The request for Omeprazole 20mg is not medically necessary and appropriate.

. Flexeril 75mg one tablet three times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle relaxants Page(s): 63-65.

Decision rationale: Flexeril is the muscle relaxant Cyclobenzaprine. The MTUS Chronic Pain Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. MTUS Guidelines further indicate that treatment should be brief. In this case the patient had been treated with muscle relaxants since at least November 2012. He had been treated with Zanaflex since at least November 2012. This medication was no longer effective and the patient was given a prescription for 90 tablets of Flexeril. As stated above, Flexeril is effective for short term use only. The duration of treatment for this prescription is for 30 days, which is longer than the definition of short-term use. In addition the patient had been previously treated with muscle relaxants with no relief. The request for Flexeril 75mg is not medically necessary and appropriate.

Dendracin ointment twice daily as needed: Upheld

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

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

Decision rationale: Dendracin ointment is a compounded topical analgesic containing methyl salicylate, benzocaine, and menthol. The MTUS Chronic Pain Guidelines indicate that topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol. Benzocaine is a topical anesthetic. There are no guidelines present for benzocaine. The lack of information does not allow determination for medical

necessity and safety. Benzocaine and menthol are not recommended. Therefore, Dendracin is not recommended. The request for Dendracin ointment is not medically necessary and appropriate.