

Case Number:	CM14-0005183		
Date Assigned:	01/24/2014	Date of Injury:	05/16/2009
Decision Date:	06/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/14/2014

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 Geriatrics, has a subspecialty in Family Practice, and is licensed to practice in New York. 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 injured worker is a 34 year old woman with a date of injury of 5/9/09. She had chronic pain related to a neck strain. She was seen by her physician on 12/17/13 for complaints of 8/10 pain which was described as burning and shooting. It was better with medications, ultrasound, and her TENS unit, and worse with bending over and walking for prolonged time. She had no GI symptoms or medication side effects. She had decreased range of motion of her neck and her skin was clean, dry and intact. Her diagnoses were lumbar/thoracic/cervical/hip/thigh sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550ML #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This 34 year old injured worker has chronic neck pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications. Per the

Chronic Pain Medical Treatment Guidelines for chronic low back pain, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. For the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to substantiate the medical necessity for the continued use of naproxen on a long-term basis. As such, the request is not medically necessary.

FLEXERIL 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This 34 year old injured worker has chronic neck pain with limitations in range of motion noted on physical examination. There was no spasticity or spasms noted on exam. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications. Per the Chronic Pain Medical Treatment Guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. This medication has been prescribed long-term. As such, the request is not medically necessary.

PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This 34 year old injured worker has chronic neck pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with an age over 65 years; a 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 records do not support that she is at high risk of gastrointestinal events, as she lacks these risk factors. As such, the request is not medically necessary.

MENTHODERM 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: This 34 year old injured worker has chronic neck pain with limitations in range of motion noted on physical examination. There was no spasticity or spasms noted on exam. Her medical course has included numerous diagnostic and treatment modalities including long-term use of several medications. Mentherm is a topical analgesic consisting of Methyl salicylate and menthol. Per UpToDate, this product is used in the temporary relief of minor aches and pains of muscle and joints associated with arthritis, bruises, simple backache, sprains, and strains. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. As such, the request is not medically necessary.