

Case Number:	CM14-0007867		
Date Assigned:	02/10/2014	Date of Injury:	08/01/2008
Decision Date:	07/02/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 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 63 year-old female who has filed a claim for lumbar degenerative disc disease and radiculopathy associated with an industrial injury date of June 01, 2008. Review of progress notes reports low back pain radiating down the posterolateral left leg, with numbness and tingling. Patient notes that the AFO is beneficial. Findings include decreased motor strength of the left tibialis anterior, ankle flexion, and EHL. There is decreased sensation along the S1 dermatome on the left, and positive straight leg raise test on the left. Patient uses an AFO and cane to ambulate. Lumbar MRI dated November 15, 2013 showed L3-4 and L4-5 disc protrusions with mild lateral recess narrowing. There is mention of an EMG showing S1 radiculopathy, with date unspecified. Treatment to date has included opioids, muscle relaxants, Medrox patches, and AFO. Utilization review from December 18, 2013 denied the request for cyclobenzaprine 7.5mg as long-term use is not recommended and there is no documentation regarding benefits from this medication; Protonix 20mg as there is no evidence that patient has any GI conditions or is at risk for a GI event; and Medrox patches 5 boxes as there is no evidence that the patient has not responded to or is intolerant to other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG QTY: 1.00: 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 Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since September 2013. There is no documentation regarding the benefits derived from this medication. Also, patient does not present with exacerbation of low back pain, or of muscle spasms. In addition, the requested quantity is not consistent with a recommended dosage regimen. Therefore, the request for cyclobenzaprine 7.5mg qty: 1.00 was not medically necessary.

PROTONIX 20MG QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since September 2013. There is no documentation regarding the abovementioned risk factors or gastrointestinal symptoms in this patient. Also, the patient is not on NSAID therapy. Therefore, the request for Protonix 20mg qty: 1.00 was not medically necessary.

MEDROX PATCHES 5 BOXES QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. California MTUS chronic pain medical treatment guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other

treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. There is no documentation that the patient failed or is unable to tolerate first-line oral medications. Also, there is no discussion regarding evidence for use of a 0.0375% preparation of capsaicin. Therefore, the request for Medrox patches 5 boxes was not medically necessary.