

<b>Case Number:</b>	CM14-0100153		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 43 year old male was reportedly injured on 01/15/2012. The mechanism of injury is noted as lifting injury while working as a truck driver. The most recent progress note dated 08/04/2014, indicates that there are ongoing complaints of low back pain with right lower extremity pain and numbness. A plain radiographs of the lumbar spine dated 7/7/2014 demonstrated strength of normal lumbar lordosis, otherwise unremarkable. A MRI of the lumbar spine dated 3/30/2012 demonstrated degenerative disk disease and two small disk bulges at L4 to L5 and L5 to S1. A previous treatment included physical therapy, facet injections, and medications to include: Voltaren (extended release) XR, Flexeril, Ultram, Protonix and Terocin. A request was made for Methoderm 120 milliliter, Ultram 50 milligrams quantity 60, Protonix 20 milligrams quantity 60, and Flexeril 7.5 milligrams quantity 90, which all requests were not medically necessary in the utilization review on 6/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 120ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 105 OF 127.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines indicate topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Chronic Pain Medical Treatment Guidelines support topical anti-inflammatories, Lidocaine or Capsaicin in certain clinical settings. Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. There is no peer reviewed evidence based medicine to indicate that other compounded ingredients have any efficacy. As such, this request for Methoderm is not considered medically necessary.

**Ultram 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Ultram (tramadol) for short term treatment of moderate to severe pain after there has been evidence of failure of a first line option and documentation of improvement in pain and function with the medication. Given the claimant's date of injury in 2012, clinical presentation and current diagnosis, the guidelines do not support the use of this medication. As such, this request is not considered medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 67, 68 OF 127.

**Decision rationale:** Protonix (pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing nonsteroidal anti-inflammatory medications. The California Medical Treatment Utilization Schedule (MTUS) 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking nonsteroidal anti-inflammatory drugs (NSAID's) with documented gastrointestinal (GI) distress symptoms. A review of the most recent available medical records fails to document any signs or symptoms consistent with GERD. As such, this request is not considered medically necessary.

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines support the use of skeletal muscle relaxants for the short term treatment of pain, but advise against long term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.