

<b>Case Number:</b>	CM14-0100354		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/22/2004
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/20/2014
<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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 22, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers and various specialties; unspecified amounts of physical therapy; and a TENS unit. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for cyclobenzaprine, denied a request for omeprazole, approved a request for Naprosyn, denied a request for Methoderm and approved a followup visit. In a June 7, 2014, progress note, the applicant reported persistent complaints of low back pain and bilateral elbow pain, 4/10. The attending provider stated that medications help reduce pain by over 50%. It was stated that the medications also help the applicant perform activities of daily living, although this was not elaborated or expounded upon. It was not stated what activities of daily living were specifically ameliorated. Naprosyn, Prilosec, Flexeril, Methoderm, and TENS unit patches were endorsed. Permanent work restrictions were renewed. It was not clearly stated whether or not the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the Edition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Risks And Cardiovascular Risks. .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms and Cardiovascular Risk Page(s): 69.

**Decision rationale:** Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitor such as omeprazole to combat issues with NSAID-induced dyspepsia. In this case, however, there was no mention of issues with reflux, heartburn, and/or dyspepsia on the June 7, 2014 office visit in question. Therefore, the request is not medically necessary.

**Menthoderm 120 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f, Topical Salicylates Page(s): 105,7.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylate such as Mentoderm are recommended in treatment of chronic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medications efficacy into his choice of recommendations. In this case, the attending provider did not clearly elaborate or expound on the presence or absence of medication efficacy insofar as either Mentoderm or other agents were concerned. While the attending provider did state that applicant's current medications were generating appropriate analgesia, the attending provider did not elaborate upon or discuss any improvements in function achieved as a result of the same. The applicant did not appear to be working with permanent limitations in place. Ongoing usage of Mentoderm had failed to curtail the applicant's dependence on other forms of medical treatment, including oral medications such as Naprosyn and Flexeril. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Methoderm usage. Therefore, the request is not medically necessary.

