

Case Number:	CM14-0105669		
Date Assigned:	09/16/2014	Date of Injury:	02/28/2013
Decision Date:	10/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 68-year-old female was reportedly injured on February 28, 2013. The most recent progress note, dated April 11, 2014, indicated that there were ongoing complaints of neck and back pains. The physical examination demonstrated no specific acute findings. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, and other pain management interventions. A for Flexeril 7.5mg 3times daily (unknown quantity), Omeprazole 20mg 1 tablet daily (unknown quantity), Methoderm Cream PRN (unknown quantity) and Voltaren XR 100mg 1 tab po QD (unknown quantity) was denied in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg 3times daily (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Formulary

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

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and

clinical presentation reported and the lack of any objectified efficacy with the use of this medication, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Omeprazole 20mg 1 tablet daily (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular risk.

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication for any subjective complaints in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications or physical examination findings as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Methoderm Cream PRN (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Methoderm gel is a topical analgesic with the active ingredient methyl salicylate and menthol. MTUS treatment guidelines support methyl salicylate over placebo in chronic pain; however, there is no evidence-based recommendation or support for menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Methoderm is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. As such, this request is not considered medically necessary.

Voltaren XR 100mg 1 tab po QD (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71, 112.

Decision rationale: Voltaren is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. This medication is not recommended for first-line use

due to its increased cardiovascular event risk profile. The claimant suffers from chronic back pain after a work-related injury. Given the claimant's medical history and the medication's increased cardiovascular risk profile, this request is not considered medically necessary.